Haringey Council

NOTICE OF MEETING

Overview and Scrutiny Committee

MONDAY, 2ND JUNE, 2008 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou (Vice-Chair), Aitken, Alexander, Dodds, Egan and Winskill

Co-Optees: Mr B. Aulsberry and Mrs. I. Shukla (REJCC non-voting representatives), Ms. F. Kally 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.

Generally the public seating areas are not filmed. However, by entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

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

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at item 9 below).

4. 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 judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. DEVELOPMENTS IN HARINGEY MENTAL HEALTH SERVICES BY BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST

To consider the following developments to mental health services within Haringey by Barnet, Enfield and Haringey Mental Health Trust:

- The reconfiguration of community Mental Health Teams in Haringey
- St Ann's Hospital Re-development
- The revised timetable for the Foundation Trust application

TO FOLLOW

7. PROPOSAL BY BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST TO RESTRUCTURE HARINGEY MENTAL HEALTH ACUTE CARE SERVICES

To consider proposals by Barnet, Enfield and Haringey Mental Health Trust to close an acute adult inpatient ward at St. Ann's Hospital in order to allow reinvestment of resources into the Community Home Treatment Team and remaining inpatient wards. **TO FOLLOW**

8. DEVELOPING WORLD CLASS PRIMARY CARE IN HARINGEY - HARINGEY TPCT PRIMARY CARE STRATEGY (PAGES 1 - 50)

To consider and comment on the latest update of the Haringey Primary Care Strategy

COVERING REPORT TO FOLLOW

9. NEW ITEMS OF URGENT BUSINESS

10. MINUTES (PAGES 51 - 70)

To confirm and sign the minutes of the following meetings of the Overview & Scrutiny Committee:

- 17 March 2008
- 7 April 2008
- 28 April 2008 (extra meeting)

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Head of Member Services
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22 May 2008

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Agenda Item 8

APPENDIX A

Haringey NHS
Teaching Primary Care Trust

Meeting	**Date**	**Agenda Item**
Trust Board	21st May 2008	12

Title of paper:
Developing World Class Primary Care in Haringey: Haringey Teaching PCT's Primary Care Strategy May 2008

Summary:
This paper sets out the revised primary care strategy following the Board's consideration of consultation responses in November 2007 and agreement of next steps in January 2008.

Fit with:

Operating Plan Strategic Priorities: CSP goal quality, access and integration
Assurance and governance: Programme Board and related governance structures in development.

Implications for:

Performance and quality: Benefits of the strategy will be measured in accordance with the Benefits Realisation Strategy to be developed as part of Programme Management approach with development of a range of local indicators to complement current performance management framework
Resources/efficiency:
Strategy will involve investment over the next 3 years in infrastructure to enable new model and spearheads a significant investment of new resources in out of hospital care (see commissioning investment strategy for further information).
Corporate Risk:
Headline risks as indicated in Operating Plan 08/09and captured on risk register. Detailed risk management strategy to be developed in context of programme management development.
Legislation:
N/A
Equalities: The strategy picks up and responds to key recommendations from the Equalities Impact Assessment (EIA) around access to services.
Stakeholder involvement/public relations: The strategy references in detail response to consultation and EIA and also sets out ongoing engagement and community development planning.

Board action:

The Board is asked to:

- Note and approve this iteration of the strategy in particular the proposed next steps and further Board level review dates as set out in section 5.6 of the document.
- Note amendments made to the consultation report following Board's review of its findings in November 2007, in particular late received focus group information reflecting views of young and transgender people, a petition received signed by 180 people objecting to the closure of local GP practices in N17 and a transcribing error made attributing notes of one meeting to the Muswell Hill Area Assembly in October.

Lead Officer information:

Name: Helen Brown
Position: Director of Strategic Commissioning and Deputy Chief Executive
Contact details: Helen.brown@haringey.nhs.uk

APPENDIX B

Haringey NHS
Teaching Primary Care Trust

DRAFT

Developing World Class Primary Care in Haringey

Haringey Teaching PCT's Primary Care Strategy

May 2008

Date: May 2008
Version: 2.4
Author: Gemma Hughes/Sarah D'Souza Head of Strategy and Projects

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References

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Foreword

In June 2007 we set out our high level plans for transforming primary and community health services in Haringey. We set out what we believed needed to change and why and how we wanted services to develop over the next 10 years.

We consulted throughout Haringey on our strategy between June and October last year, including a specific assessment of the impact of our strategy on equalities and on groups of people that we know are, or may be, disadvantaged in using health services. Our consultation drew strong views from the public and other stakeholders both for and against different elements of our vision. It gave us a clear understanding not only of what is important to our local stakeholders, such as seeing the same GP when you have an ongoing health problem, but also a very real appreciation of the difficulties faced by many people right now in getting the services they need. For example we heard how certain groups of people can find it particularly hard to negotiate appointment systems, and how some groups, such as carers, find it hard to get what they need from services, and how some services such as foot health could be made more widely available. We were, on the other hand, pleased to hear that many people currently enjoy a good relationship with their family doctor and value the services available to them. We learnt a great deal from everyone who let us know what they thought and we thank everyone who shared their views, enthusiasms and concerns. We will be doing more to listen to the views of the people of Haringey in future.

This is an **evolving strategy**. Contained in this document is the next iteration of our primary care strategy, built on what our stakeholders and the public have said, what we have learnt from other organisations who have successfully transformed out of hospital services and the national and London-wide policy context in which we operate in particular the development of *Healthcare for London: A Framework for Action,* led by Professor Sir Ara Darzi and changes in local hospital services as a result of the Barnet, Enfield and Haringey clinical strategy.

Approval of this iteration of the strategy will enable us take our planning to the next stage of development, which will involve the **testing out of our approach with stakeholders** and the working up of detailed neighbourhood plans. We will continue to consult on this strategy at each stage of its development taking a bottom up approach led by local GPs, whose services are at the heart of these proposals.

Our plans for **ongoing consultation** across each phase of the development of this strategy, planning and implementation are set out in more detail in Chapter 6 below. In summary these are:

Consultation and key next steps		
Next step	**What for?**	**By when?**
Patient experience survey	Understanding people's experience of primary care services and how they would like to see it develop.	**November 2008**
Transport modelling and analysis	Testing out and analysing transport arrangements to proposed hub and spoke model	**November 2008**
Board review	Review Primary Care Strategy in light of transport and patient experience work	**November 2008**
Development of local plans including community engagement in development	Detailed modelling of "hub and spoke" model and drawing up of specific plans for each neighbourhood led by GP Collaboratives. Ongoing development of enabling strategies	**Autumn/ Winter 09**
Formal consultation	Consultation on detailed neighbourhood plans.	**Spring 09**
Board review and final sign off	Board consideration of detailed strategy and plans in light of consultation responses	**Summer 2009**

We have set out in **Appendix 1** exactly how the feedback has informed, reshaped and clarified our strategy. In particular we have clarified and refined our plan for a "hub and spoke" approach, networking GP practices into five Neighbourhood Health Centres, picking up concerns and confusions identified in the consultation about the precise nature of the model we planned to adopt. We also noted that the term "super health centre" was not helpful. We have changed that to Neighbourhood Health Centre to better reflect the locality and community focus of each of our "hubs".

During the consultation we encountered some resistance to our proposed approach, especially from people who are currently very satisfied with the care they receive from their GP. We were pleased to hear about the high levels of satisfaction people had with primary care services in some areas and want to build on this so that all people in Haringey get this high level of service. What we cannot do is to simply carry on with the current model as we know that for many people the level and quality of service received falls far short of this. One of our core responsibilities as a PCT is to ensure we commission high quality, effective and accessible services for **everyone** in Haringey. As we set out below in our case for change:

- We know there is great variation in the range of care people receive at their GP practice in terms of the quality of care that is delivered there, the state of the building and how easy it is for people to get to see their GP
- We know that care has developed around the health and social care services that exist rather than around the people who use them.

- We know that the number of years you are likely to live varies significantly depending on where you live in the borough (up to 8 years difference between East and West) and that this is down to a complexity of factors including housing, education, income, employment and importantly the accessibility and quality of primary health care services.

"Doing nothing" is not an option as this would mean accepting the status quo where we know that a significant proportion of people are not getting the primary care services they should be and in the way that will keep them well and healthy. By doing nothing we would be failing to address some of the fundamental health issues in Haringey with health inequalities continuing if not increasing. We must address these issues and we believe strongly that the service model we set out in this strategy will provide the infrastructure to enable us to make significant improvements in the health and wellbeing of all local people.

In real terms we want to see a change from the current situation. At present many people with long term conditions like diabetes need to see a whole range of health professionals in different locations, at different times, involving various referrals and diagnostic tests available only 9am-5pm on weekdays. In the future they will be seen at a "one stop shop" either at a local GP practice – from premises that are fit for purpose and set up to deliver this care – or at their local Neighbourhood Health Centre. Opening hours will be extended to offer appointments when people need them. Clinical care will not be provided in isolation but instead be linked properly through to a range of healthy living services and relevant community groups. This would mean that effective advice and support, expert patient and computer based self-care programmes, diet and exercise groups and risk and prevention work with other family members will be available either at local GP practices or from the Neighbourhood Health Centres. Developing primary care infrastructure in this way will also provide us with a significant opportunity to work with partner organisations to build a range of services to support emotional and mental wellbeing related to ongoing health issues such as help with depression, claiming welfare benefits, employment and housing advice.

The outcome will be better, more holistic care for people in Haringey keeping them well and able to live their lives to the full. We appreciate that for some people in Haringey this is already true – we want this to be the case for **everyone** living in Haringey.

At the heart of the new service delivery model is the integration of services (health and social care in the broadest sense working together to help people be and stay healthy) around the needs of the people that use those services. However we cannot make this transformation using our current primary and community services estate. Around half of our GP practice premises are not fit for purpose and cannot physically be improved. The location of practices does not provide appropriate cover in some of our most deprived areas. Many of

our practices simply do not currently have the infrastructure, systems, clinical cover and clinical environment to provide the sort of services people in Haringey deserve. As such we have necessarily needed to consider not only what we want to see provided but also how we will be able to provide it. We need to rationalise the number of premises, invest in our remaining premises to make them fit for purpose and able to provide the wider range of services we want to commission. Where practice premises are not fit for purpose we need to work with local GPs to help them find the best solution to meet the needs of their patients – this will depend on individual practice circumstances but may include relocation into the local Neighbourhood Health Centre or other suitable practice premises. We need to link remaining practices closely to the Neighbourhood Health Centres, able to provide local access to a whole range of additional services people would usually need to go to hospital for with significant extension of opening hours and ways to access care when needed. This model is explained in greater detail in Chapter 3.

We want to be very clear that this strategy is **not about reducing the number of GPs we have or cutting costs**. It is about investing in primary care and supporting our GPs to offer the best services they can. To do this we will need to ensure that there are suitable premises and the right environment to continue to recruit young GPs and other health professionals into Haringey. **Over the next 3 years we will be investing an additional £8 million in out of hospital services to do this.** Our ambition is to develop world class primary care services for all our residents as a fundamental part of improving health and wellbeing and reducing health inequalities.

Tracey Baldwin
Chief Executive, Haringey TPCT

Richard Sumray
Chair, Haringey TPCT

Executive Summary

1. The primary care strategy sets out a framework within which primary and community health services will be developed over the next 10 years and has been produced following extensive consultation with stakeholders. The vision of the strategy is of world class, high quality, and responsive primary and community services for all Haringey residents.

   Haringey Teaching Primary Care Trust (HTPCT) will work in partnership with patients, the public, the local authority, the voluntary sector and others, to ensure that primary and community services play their full part in improving the health of local people, reducing the health inequalities that exist in Haringey and maximising independence.

   The TPCT will develop new ways of providing and commissioning services that will place primary care and community services at the heart of local communities, so that Haringey's health care contributes to and benefits from community engagement and participation.

2. This is an evolving strategy for which there will be an ongoing dialogue with stakeholders. The final strategy will be signed off by the Board in July 2009 once detailed neighbourhood plans have been developed and consulted on.

3. A clear case for change is set out in the strategy in order to meet the current and future predicted needs of Haringey's growing, mobile and diverse population and to develop sustainable and modern primary care services.

4. The future of primary care in Haringey is a new delivery model of a planned and integrated network of primary and community services. Each of the four practice-based commissioning collaborative areas in Haringey will develop a large Neighbourhood Health Centre "hub" and a number of GP practice "spokes". **The number of GPs in Haringey will not be reduced.** The number of locations from which services are delivered will reduce. The details of how individual GP practices will be affected will be developed through the implementation process described in the strategy, and will be subject to formal consultation at the local level.

5. The main benefits that this strategy will bring for Haringey are:
   - Improved access to primary care;
   - Improved quality in primary care;
   - Primary care services being better able to tackle health inequalities;
   - Improved premises for services to operate from;
   - Greater range of more integrated services available

- Opportunity for Neighbourhood Health Centres to become community resources.

6. Implementing the strategy includes some key next steps, namely developing a full programme blueprint, developing neighbourhood plans and undertaking formal consultation on these plans. A patient experience survey will be carried out in 2008 to inform this process.

   Enabling strategies are in development including transport, workforce and organisational development, commissioning, information technology and finances.

Chapter 1 Introduction, Vision and Definitions

This chapter of our strategy deals with our vision and introduces some key concepts and definitions.

1.1 Introduction

This document sets out Haringey TPCT's Primary Care Strategy. It provides the framework within which primary and community services will be developed over the next ten years. The strategy will be supplemented with detailed implementation plans. Further information about how these plans will be developed is provided in Chapter 5.

This strategy has been developed following extensive consultation by the TPCT with a range of local stakeholders. There have been a number of changes made to the strategy that was produced by the TPCT in June 2007 in order to take into account the outcome of the consultation process and the equalities impact assessment (EIA) that was carried out during the consultation period. Further information about the consultation and the EIA can be found in **Appendix 2**, the full reports from these processes can be found at www.haringey.nhs.uk.

1.2 Vision

Our vision is of world class, high quality, and responsive primary and community services for all Haringey residents.

We will work in partnership with patients, the public, the local authority, the voluntary sector and others, to ensure that our primary and community services play their full part in improving the health of local people, reducing the health inequalities that exist in Haringey and maximising independence.

We will develop new ways of providing and commissioning services that will place primary care and community services at the heart of local communities, so that Haringey's health care contributes to and benefits from community engagement and participation.

1.3 Definitions

1.3.1 What is primary care and who is it for?

Primary health care can currently be defined as services that:

- Are accessible to everyone – i.e. universal not targeted
- Are 'first level' – i.e. generalist rather than specialist
- Promote health and prevent ill health
- Diagnose and treat health conditions
- Assess for onward referral to more specialist care where needed.

This strategy focuses mainly on services provided by general practice teams, community pharmacy services and how they link with community health services such as district nursing and therapy services. It incorporates the contribution made by the local authority, community and voluntary sector to primary care and how health services can work closely with these organisations particularly around a broad-based approach to prevention of ill health. Importantly it also includes developing specialist skills in primary care to enable more services to be provided closer to home in a community setting / facility rather rather than in hospital.

It does not specifically cover General Dental services or Optometry services. Whilst we acknowledge that these services are key elements in developing world-class primary care further work needs to be done to define our strategy for these services. This will include refining our understanding of the current context for these services and our local health needs, involving local dentists and optometrists in developing the strategy and understanding the opportunities available for developing services in the context of our contractual arrangements with them.

Primary care services need to respond in a safe, effective and equitable way to:

- Well people (health surveillance, health promotion, community health)
- People with urgent care needs – including minor ailments or injuries as well as more serious illnesses
- People with acute / time limited conditions
- People with long-term health conditions (e.g. diabetes, heart failure, respiratory disease, mental health problems)
- People throughout their lives - children, young people, adults and older people.

Primary care practitioners need to know when to refer patients on for more specialist care and play an important co-ordinating role for people with more complex health needs who are in contact with lots of different parts of the health and social care system. See **Appendix 3** for more information on who uses primary care.

1.3.2 What is "world class" primary care?

The way health care is organised varies significantly around the world – with different systems having very different strengths and weaknesses. Whilst we have looked at some of the evidence about 'what works' elsewhere as part of developing this strategy it is clear that there is no one blueprint as to how services should be delivered. In setting ourselves the goal of delivering 'world class' primary care for all Haringey residents what we are aiming to achieve is clinical outcomes and patient experience comparable to that delivered by the very best services both nationally and internationally. The British primary care system at its best is widely admired across the world – when it is working at its best this admiration is well founded, but as is explored in more detail in

this document, we believe that services in Haringey are currently some way from consistently delivering world class care.

Chapter 2: Case for Change

This section of our strategy explains why we need to make changes to our current primary care and community services. It reiterates and expands on the case for change set out in the original strategy – a case which was accepted by the Haringey Overview and Scrutiny Committee.

2.1 Defining the issues

One of our core responsibilities as a PCT is to ensure we commission high quality, effective and accessible services for everyone in Haringey.

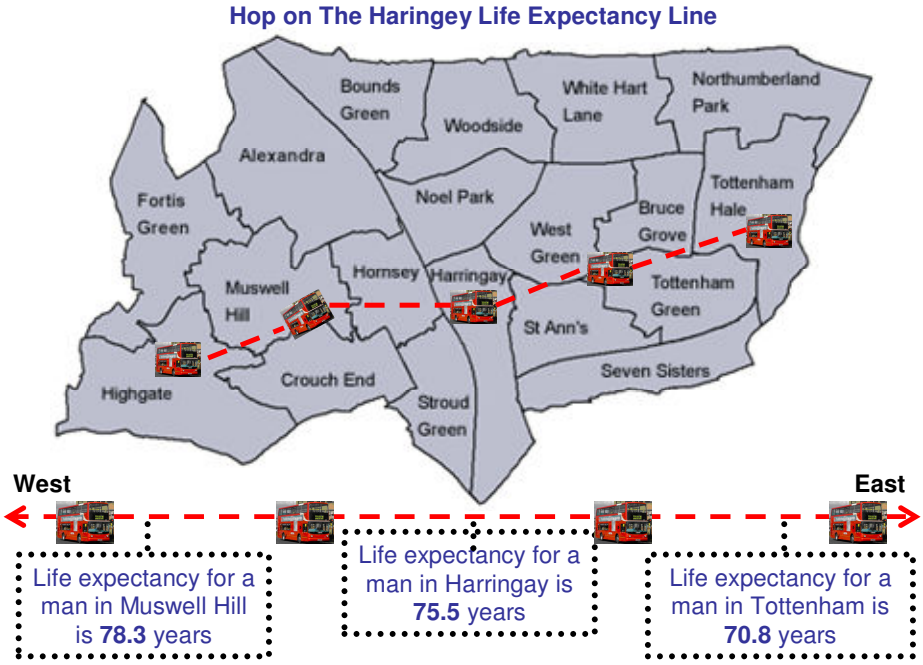
We know that:

- Our **population** will grow over the next 10 years and the profile of health needs will change
- Significant health **inequalities** exist in Haringey, demonstrated by the gap in male life expectancy, which is nearly 8 years lower in Bruce Grove (70.5 years) than in Muswell Hill (78.2 years). This is illustrated in figure 1 below.
- **Patients want** better access and continuity of care designed around their individual needs and that of their families.
- People from certain **vulnerable and disadvantaged groups** find it difficult to access the services we currently provide (see Equalities Impact Assessment www.haringey.nhs.uk)
- GP **services vary significantly** depending on which practice you are registered with – in terms of access, quality, condition of premises and range of services available.
- We need to **improve and integrate** the way our community health services work with the services provided in primary care and in hospital. In particular we need to ensure that out of hospital services complement and integrate with services delivered in hospital, taking into account the changing face of hospital-based services as a result of the implementation of the Barnet Enfield and Haringey Clinical Strategy and against the backdrop of change advocated in *Healthcare for London: A Framework for Action.*
- Our current **infrastructure and estate** is unable to support the sort of access and integration people want and need and which will give the best health outcomes to everyone in Haringey.
- We need to develop a **sustainable** approach to providing services and in particular ensure that we can **recruit** the new generation of GPs and other health and social care professionals to meet the increase need our growing population will place on services.
- We need to **invest** in our primary and community services. We also need to ensure that we make the **best use of those services and resources**. For example we know that in Haringey we are out of step with the rest of the country in terms of the number of referrals that are

made to out patient appointments and in terms of the way in which A&E services are used.

We must find a lasting solution to these issues by drawing on what we know works in primary care, taking into account the broader national strategic context. We must also ensure we develop our plans in partnership with Haringey Council in particular and in the context of the significant work that has already been done to transform services for children and families through Children's networks.

Fig. 1: The gap in life expectancy in Haringey illustrated across the No. 41 bus route.



2.2 Developing a solution – evidence and context

We have outlined above and explored in greater detail in **Appendices 4-9** the critical issues that we face locally in developing the future of primary and community services in Haringey.

In developing our solution to these issues we have taken into account of the national and London specific policy context for developing services in particular, *Our Health, Our Care, Our Say*, *Choosing Health* and *Healthcare for London: A Framework for Action*

We have also reviewed evidence of what works in primary care. The evidence is explored in more detail in **Appendix 10**.

The key messages from reviewing the context and the evidence are that we need to commission primary care services which:

- Have the flexibility and organisational structure to provide access, continuity and availability of services for all Ensure equity so that high quality primary care is available to all wherever they are registered in HaringeyHave systems for those patients who find it difficult to access the kind of care they want and need including those who may experience difficulties e.g. people with disabilities or from minority ethnic communities
- Have systems in place to make it easy for patients to express a choice of health professional.

Having set out the case for change, the next section provides the model we expect to put in place to realise our vision of world-class primary care services in Haringey.

Chapter 3: The Future of Primary Care in Haringey

Having considered why we need to change this chapter sets out our 10-year strategy to create sustainable primary and community care services for Haringey.

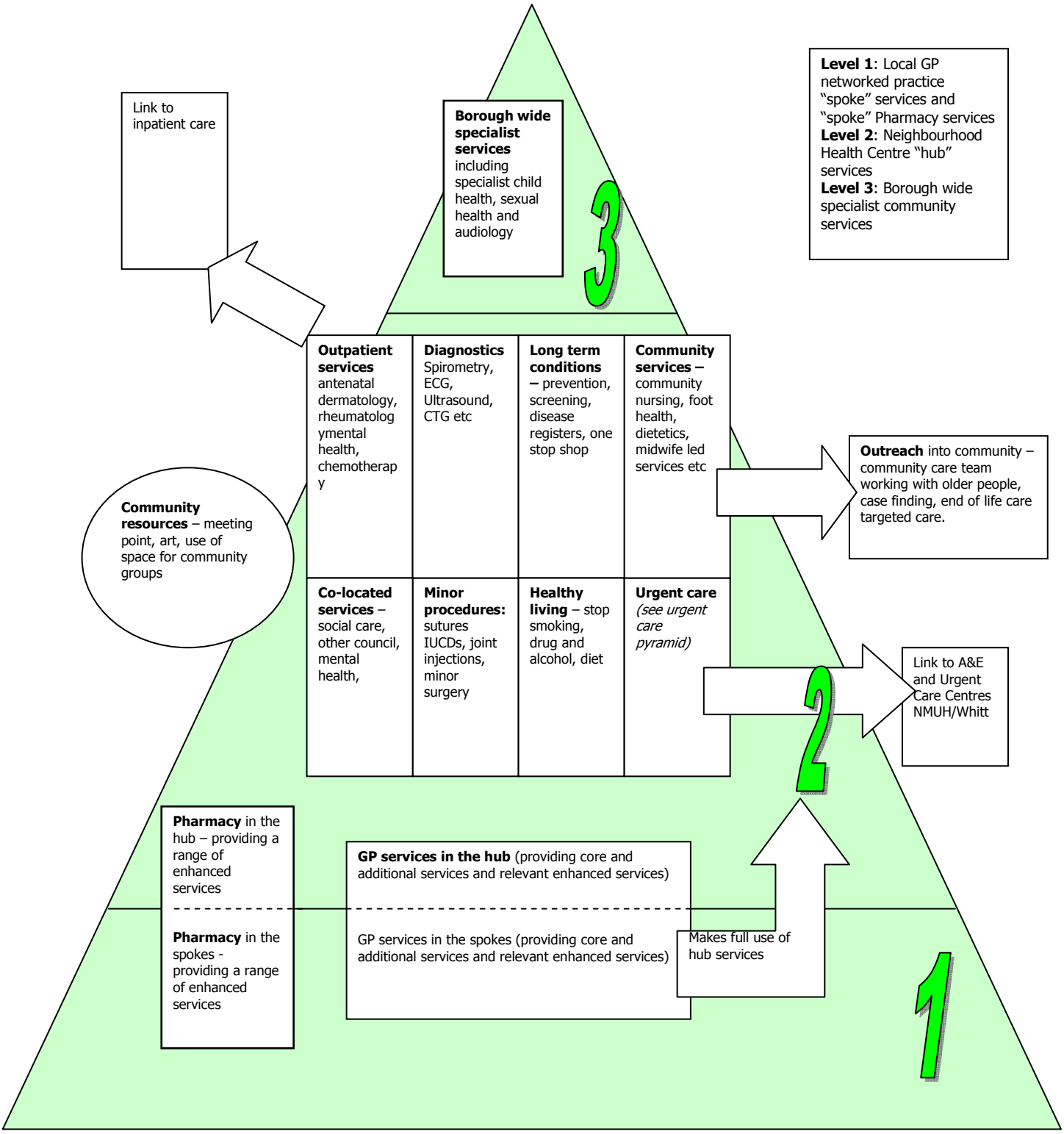
3.1 The "hub and spoke" service model

We aim to commission a planned and integrated network of primary and community services delivered from a mix of fit-for-purpose general practice "spokes" and larger Neighbourhood Health Centre "hubs". We believe this will enable us to make the most of the existing assets available to the TPCT and allow us to deliver services to the highest standard, whilst responding to the views expressed during the consultation process which preferred a hub and spoke style model to the pure model.

This is about re-organising the GPs and other services we commission in a better way NOT about reducing the number of GPs.

We believe that we need to create a service model able to serve a registered population of up to 250,000 by 2020. That service model must also be able to respond to the projected demographics, related need and potential inequalities. This model is illustrated in the diagram below (fig. 2).

Figure 2: Diagram of hub and spoke primary care model



3.2 Neighbourhood Health Centres/ hubs

The Neighbourhood Health Centre hubs will be located as follows:

- Hornsey Central – serving **West Haringey**
- Lordship Lane – serving **North East Tottenham**
- Laurels and Tynemouth Road – serving **South East Tottenham**
- Wood Green or Turnpike Lane (location to be determined) – serving **Central Haringey.**

We intend that these hubs develop over time to act not just as a focus for health services for that area, but that they can be developed by and for the local community into a valuable community resource. We have looked at the Bromley by Bow healthy living centre as an exemplar of community engagement in health services, and whilst recognising the many differences between Bromley by Bow and the different areas of Haringey, hope to learn from their experience and emulate some of their key principles which have informed their successes.

Each hub will develop in response to the identified needs of its specific local population, however it is expected that each hub will have the following main functions:

- They will provide general practice services to about half of the registered population of Haringey (a total of around 125,000 people, each hub serving about 25-35,000 registered patients).
- They will provide a base from which a wider range of services can be offered to those registered with a GP at the hub **and** to the local GP spoke practices operating around the hub. This would include blood testing and other diagnostic testing, out patient appointments usually conducted in hospital and services to support long term condition management in a "one stop shop" approach.
- They will provide a base from which other social care and voluntary services will be able to add value to health based interventions, e.g. Citizens Advice, social services linked to help at home, housing advice.
- They will provide health promotion and prevention activities and programmes.
- They will provide a base from which other specialised borough wide services such as specialist child health services, specialist sexual health services and audiology services can be accessed. Borough-wide services will be strategically located in accordance with the specific needs of the local population, transport links and other factors (for example Wood Green/Turnpike Lane would be a sensible location for sexual health services and promotion/prevention given the transport links in the borough and its attraction to young people in particular as a retail and commercial centre).
- Extended unplanned care services for the locality – e.g. walk in services, minor injuries and out of hours services over and above what

will be provided in the GP practice spokes (please see section on urgent care below for more information)
- Extended access in terms of opening hours across a range of services – for example general practice available 10-12 hours per day and Saturday opening.
- A health and community resource which will engage the local community in its health and health services.

The Neighbourhood Health Centre/ hubs will be developed around existing or planned new developments in Hornsey Central, Lordship Lane, the Laurels and Tynemouth Road. A new development will be required for Central Haringey, likely to be near Wood Green or Turnpike Lane, depending on availability of appropriate sites and to make best use of the good transport links in those locations.

3.3 GP practice "spokes"

GP and other primary care services will also be provided outside of the hubs, and will be commissioned to ensure a proper level of local access and choice. In addition to the hubs, we believe that we will need between 12-15 distinct delivery points for primary care services spread across the borough serving the remaining 125,000 population (usually between 8-15,000 registered population each). Work is underway to assess where best to locate these points in relation to transport and travel issues, and to determine the optimum number of locations. However from what we know about population density, natural and other barriers, transport routes/flows across the borough and patient flows/primary care planning across shared borders with Islington, Hackney, Barnet and Enfield, we currently believe the best location for these service delivery points is:

	GP practice spokes	Related Neighbourhood Health Centre hubs
	West	**Hornsey Central**
1	Muswell Hill	
2	Highgate	
3	Stroud Green	
	Central	**Wood Green or Turnpike Lane**
4	Bounds Green	
5	Either Green Lanes/Wood Green or Green Lanes/The Ladder	
	North East Tottenham	**Lordship Lane**
6	Northumberland Park	
7	White Hart Lane – (eastern end)	
8	Broadwater Farm	
	South East Tottenham	**Laurels and Tynemouth Road**
9	A10 towards border with Hackney	
10	West Green	
11	South of Harringay Green Lanes overland station	
12	Noel Park (South East)	

This is our preliminary view which needs to be further tested out through in particular our patient experience survey and transport modelling and analysis. Please see the map in section 3.12 (figure 4) below.

We do not set out specifically in this strategy document the future of each practice in Haringey. There will be further consultation and engagement with patients and other stakeholders before these detailed decisions are made. This process will include individual discussion with each practice according to their individual circumstances and future plans, and with the Practice Based Commissioning Collaboratives. Clearly where there is a practice or practices in the right location with good accommodation, good standards of care and an ability to operate within the network to ensure that the benefits to patients of the new model are fully realised it will make sense to retain that practice as one of the service delivery points for primary care services in the model we want to implement. Where there is a practice in a poor standard of premises that cannot be improved it will make sense to work with that practice to identify suitable premises that will enable them to meet their clear legal, contractual and professional responsibilities to their patients regarding the environment of care.

Our overarching principle will be to commission high quality accessible services that are able to play their full part in improving the wellbeing of everyone living in the borough.

We will be working with Haringey's GPs to further develop the specification for primary care provision in the GP spokes; however we want to see the primary care services that are currently provided in the best of our GP practices made routinely available across Haringey. This will include all essential and additional services and all practice-based enhanced services being made available from every spoke throughout the day – with premises open for example from 8.30am to 6.30pm. This will include services such as type 2 diabetes clinics, sexual health and family planning (level 1), and primary care mental health being available in each spoke, rather than at present only in some practices.

To reiterate this is not about reducing the number of GPs but about organising the services of GPs in the most effective way in premises that are appropriate for delivering the highest standard of care

3.4 Pharmacy

The traditional role of community pharmacy as predominantly a source of supply and advice about medicines is in the process of radical change. The new pharmacy contract and the subsequent White Paper encourages the commissioning of a wider variety of services, enhancement of the pharmacy IT structure, new clinical opportunities for pharmacists, for instance as prescribers – all contributing to a potentially very different service.

The challenge is not only to harness these changes, but to create the right environment for the services to flourish and make significant contributions to the health of the people of Haringey. With expertise and skills that are increasingly being used to provide a wider range of services to patients, it is vitally important that we fit the contribution of our community pharmacists into the wider primary care arena. We want to encourage pharmacists to work alongside doctors, nurses and other healthcare professionals to improve the health of patients in Haringey. Whether promoting healthy lifestyles and preventing disease, treating and monitoring long-term conditions, providing services to those who do not generally access primary care, community pharmacists need to be part of multi-disciplinary teams. As GPs become more involved in commissioning care for their patients, we expect them to choose pharmacists as service providers, with appropriate roles and responsibilities in well-designed pathways of care. Pharmacies will be "healthy living" centres promoting health and supporting people to care for themselves, as well as offering specific services to patient groups that have particular needs.

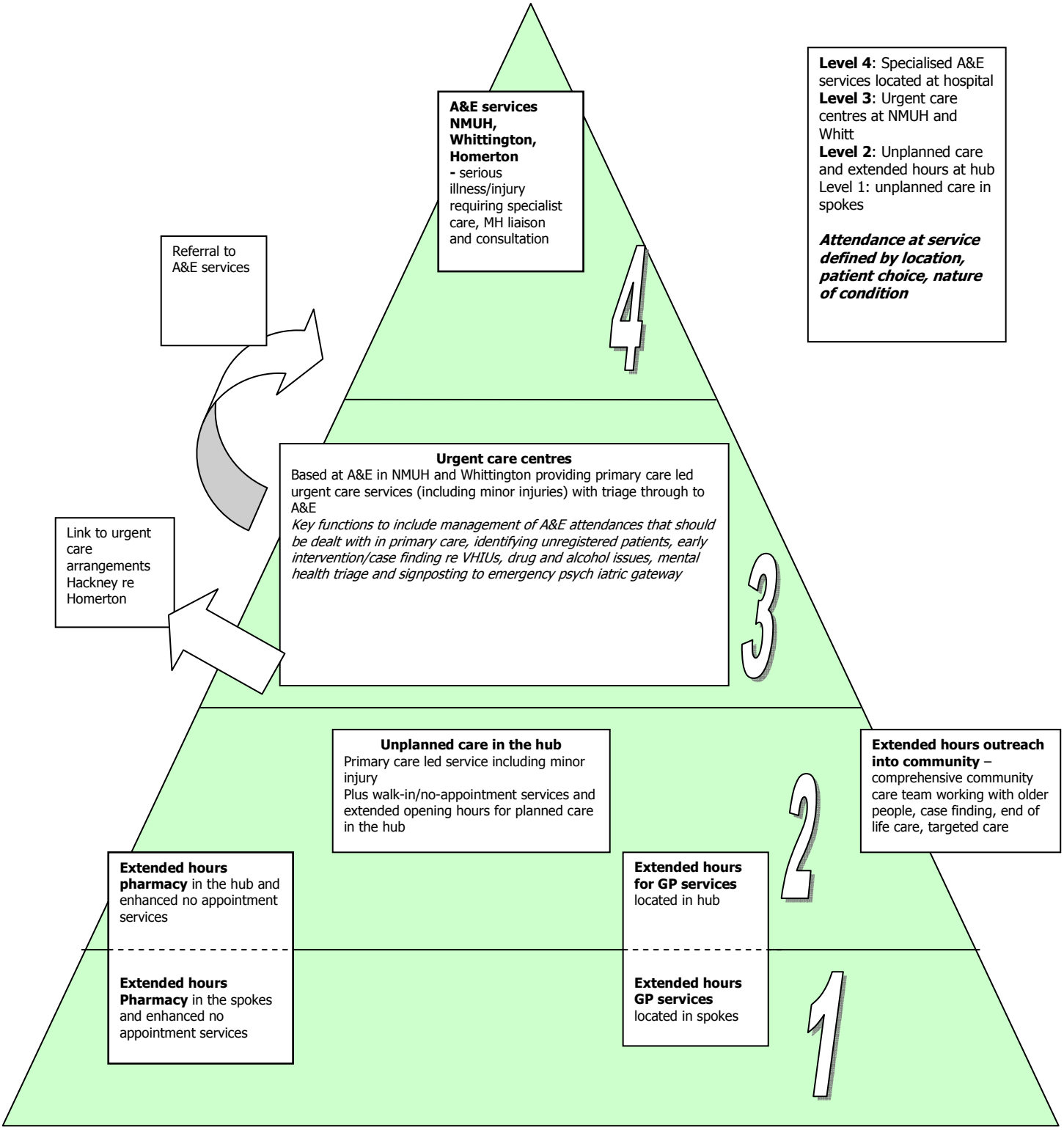
We anticipate hub pharmacies will be specially commissioned to support a range of services within the hub and elsewhere. Practice Based Commissioning groups will need to commission the same and other services from pharmacies in the spokes, ensuring equity of access to the new wider range of services that pharmacy will offer. In the future for instance, pharmacists may be charged with dealing with weight management issues for particular cohorts of patients as commissioned by the collaboratives. Diabetic patients may go to the hub pharmacy for management of their weight as it may be co-located with their diabetes clinic. Others may choose a pharmacy nearer where they live. The dispensing function of pharmacies will need to change but managing safe access to the best medicines will still remain a central function of local pharmacists.

3.5 Urgent Care

In our consultation document we referred to the development of Neighbourhood Health Centres based at North Middlesex University and Whittington Hospitals. Concerns were expressed during the consultation as to the location of these as fully functioning hubs (as described above) and the nature and scope of the services that might appropriately be based there. We are still planning to develop services at NMUH and Whittington but the focus of these services will be the provision of urgent care services(i.e. services directed to patients with urgent health care needs rather than those who have experienced an accident or trauma). These plans will be developed further as part of our urgent care strategy which will review urgent care in Haringey as a whole.

The diagram below (figure 3) illustrates how we expect to see urgent care organised, with different levels of urgent care available in the different settings.

Figure 3: Diagram showing urgent care



3.6 Children and Young People

We have made much progress in working together with Haringey Council to improve how we meet the needs of children, young people and their families in Haringey. This work is ongoing and will focus on developing an integrated model of service for health and social care as set out in the Children and Young People's Commissioning Framework.

The focus is on health promotion and early identification of problems to give children the best possible start in life, with care being providing at home or as close to home as possible, from a range of settings including children's centres, schools, special schools, and primary care settings including Neighbourhood Health Centres. Much of the work with Haringey Council has focussed on the development of multi-agency teams for children and young people who are essentially well, with provision delivered mainly from educational settings such as children's centres, as the main provider of universal services. Further work needs to be done to ensure that primary care is not only linked into this model but is an integral part of provision, and to further develop the service model for children and young people when they are unwell.

A new health-led Children and Young People's Board with multi-agency representation has been established, meeting for the first time in June 2007. This group will oversee the implementation of the Children and Young People's commissioning framework and the interface with the primary care strategy and Every Child Matters. It will be addressing as a priority long term conditions, complex care and urgent care and will be able to advise on and support the implementation of the primary care strategy to best meet the needs of children and young people.

3.7 Mental Health

Historically the main focus on many mental health services has been on crisis management and hospital-based care. We are developing services in Haringey to move towards a model based on health promotion and early intervention and that can provide a single point of access to services and a single assessment process which leads to evidence based treatment. Haringey has a local Improving Access to Psychological Therapies (IAPT) programme[1] which aims to have a simple and easy to access primary care psychological therapy service that provides the least intrusive intervention possible for Haringey residents who are suffering with common mental health difficulties (typically depression and anxiety).

The mental health strategy for Haringey is currently being reviewed, and additional work will need to be undertaken to map how the development of the hub and spoke model in primary care can best work to improve outcomes in terms of mental health and wellbeing. We are committed to delivering

[1] In discussion with the National IAPT programme re potential for Haringey service to support training of IAPT cognitive behaviour therapists.

increased access to high quality primary care mental health services and psychological therapies. This commitment has been demonstrated by implementation of the Primary Care Mental Health Local Enhanced Service, engagement of local GPs and the PBCs, and the re-shaping of services designed to increase access to areas of the borough that have previously not accessed psychological therapies. Of course there is much more to do done.

Our continued plans include:

- The further development of a Primary Care Mental Health IAPT Service to enhance partnerships, cross sector working and effective referral pathways between primary and secondary mental health services
- To ensure effective mental health interventions in primary care through clear pathways, education and training
- To Increase primary care capacity and capability to provide increased treatment and support for people with common mental health problems (such as depression and anxiety) through our Increasing Access to Psychological Therapies (IAPT) Programme and for people who have or are experiencing Severe Mental Illness (such as schizophrenia).
- Effective links and use of services that can help people get back into education and employment.
- Deliver benefits for service users through provision of appropriately trained staff, decreased waiting times, increased information and choice, reduced stigma and access to more holistic services.

3.8 Adults and older people

Long term conditions (LTCs) like diabetes, heart failure and mental health play a significant part in the ongoing health of people in Haringey. This burden is felt more acutely by people from BME communities and by deprived communities. We are currently looking at transforming the way we work with people with long term conditions to focus much more on prevention, and early and accessible community-based care that enables people to manage their conditions better and with fewer complications in the long term. This will be a key component of the new primary care model. Work to date includes developing a new service model for diabetes, with the aim of replicating the generic aspects of this model across other conditions. We are also proposing to develop the community matron, district nursing and integrated therapy teams which will help to manage long term conditions and provide rehabilitation and intermediate care services. Services for older people need to be planned appropriately, ensuring that issues around access and continuity (which were of particular importance to older people involved in the consultation on the primary care strategy) are addressed in planning primary care services.

3.9 Learning disabilities

Primary care services need to be accessible to people with learning disabilities, a series of recommendations for health services including primary care are available in the Overview and Scrutiny Committee Review of March 2007 (Healthy and Equal: Improving the health of people with profound and multiple learning disabilities). The primary care strategy will improve physical access to services by improving the physical environment, and will make healthy living activities widely and routinely available. Improved appointment systems, incorporating both booked appointments and drop-in sessions can also assist in improving accessibility for all groups. Additional work will need to be undertaken to take forward other recommendations in relation to workforce training and to assess the effectiveness of the strategy in improving access to primary care for people with learning disabilities.

3.10 Vulnerable groups

Other groups who can be vulnerable to poor health and who find it difficult to access health services include people with substance misuse problems, highly mobile people including refugees and asylum-seekers and travellers and people living in areas of high deprivation. More work needs to be done to specify the best way to take forward some of the recommendations made in our Equalities Impact Assessment to work with these groups.

3.11 Well-being

The primary care strategy will seek to improve the health and well-being of Haringey's residents, in support of the Haringey Well-being Strategic Framework.

3.12 Location of services

The map below (figure 4) show how we think services will look in 10 years time. It includes the Neighbourhood Health Centre/ hubs, both those sites already identified and the possible site in the Wood Green or Turnpike Lane area, where we think the GP practice spokes are likely to be, the location of the two local acute hospitals and the pharmacy spokes. It also shows the main roads in Haringey. As noted above, the exact location of the GP spokes remains to be determined through further negotiation and consultation including consideration of the outcome of the work proposed to analyse travel routes and times (as outlined below). Although we will have at least the same number if not more GPs and a range of additional services available in primary care we will have a reduced number of locations from which services will be provided – around 20 locations.

We have included a map of current GP practice locations at figure 5 which illustrates how the proposed GP spokes in the model relate to current GP practice "clusters" and extended provision in areas of most need where no current services.

Figure 4: Map showing proposed location of primary care services

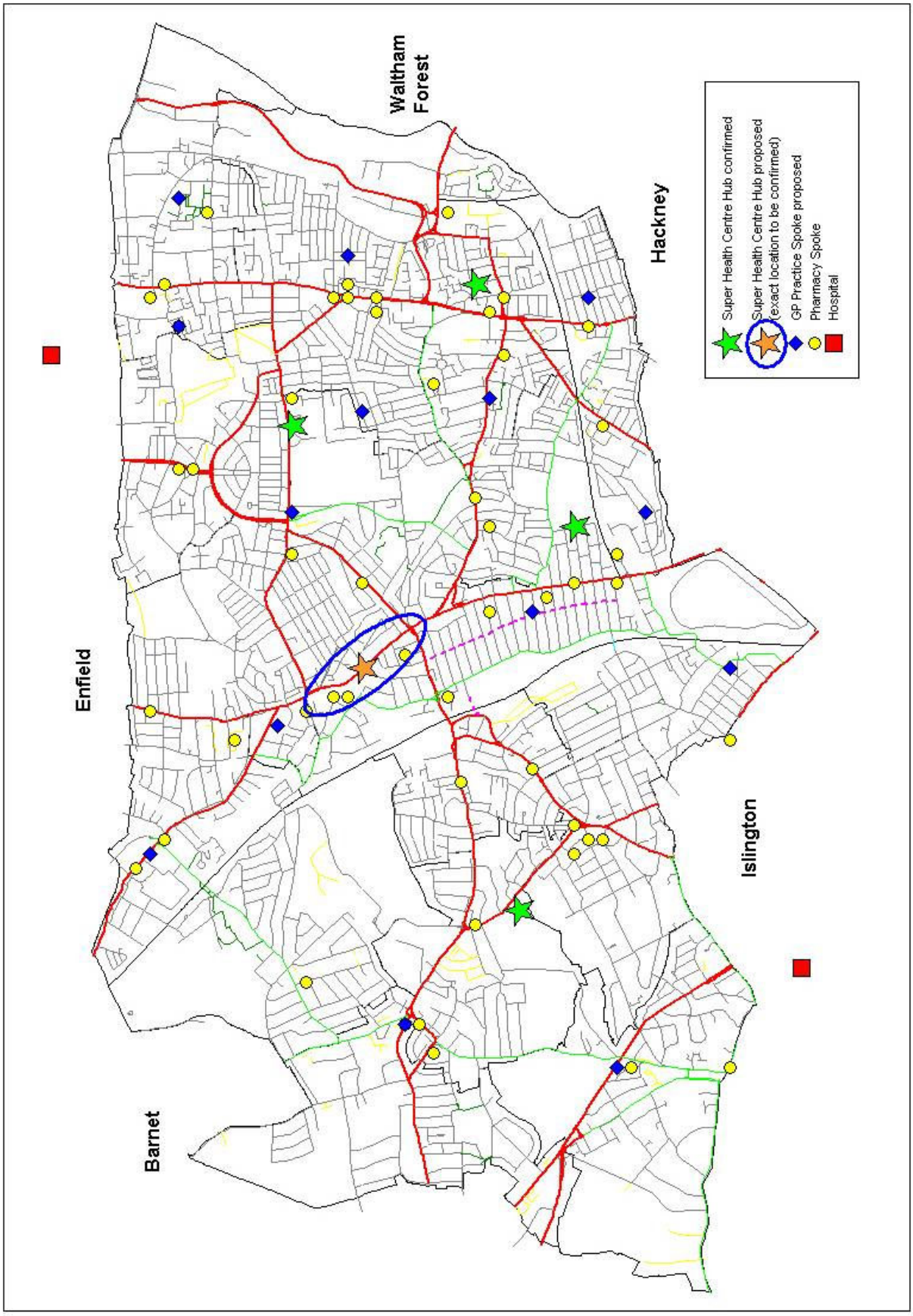
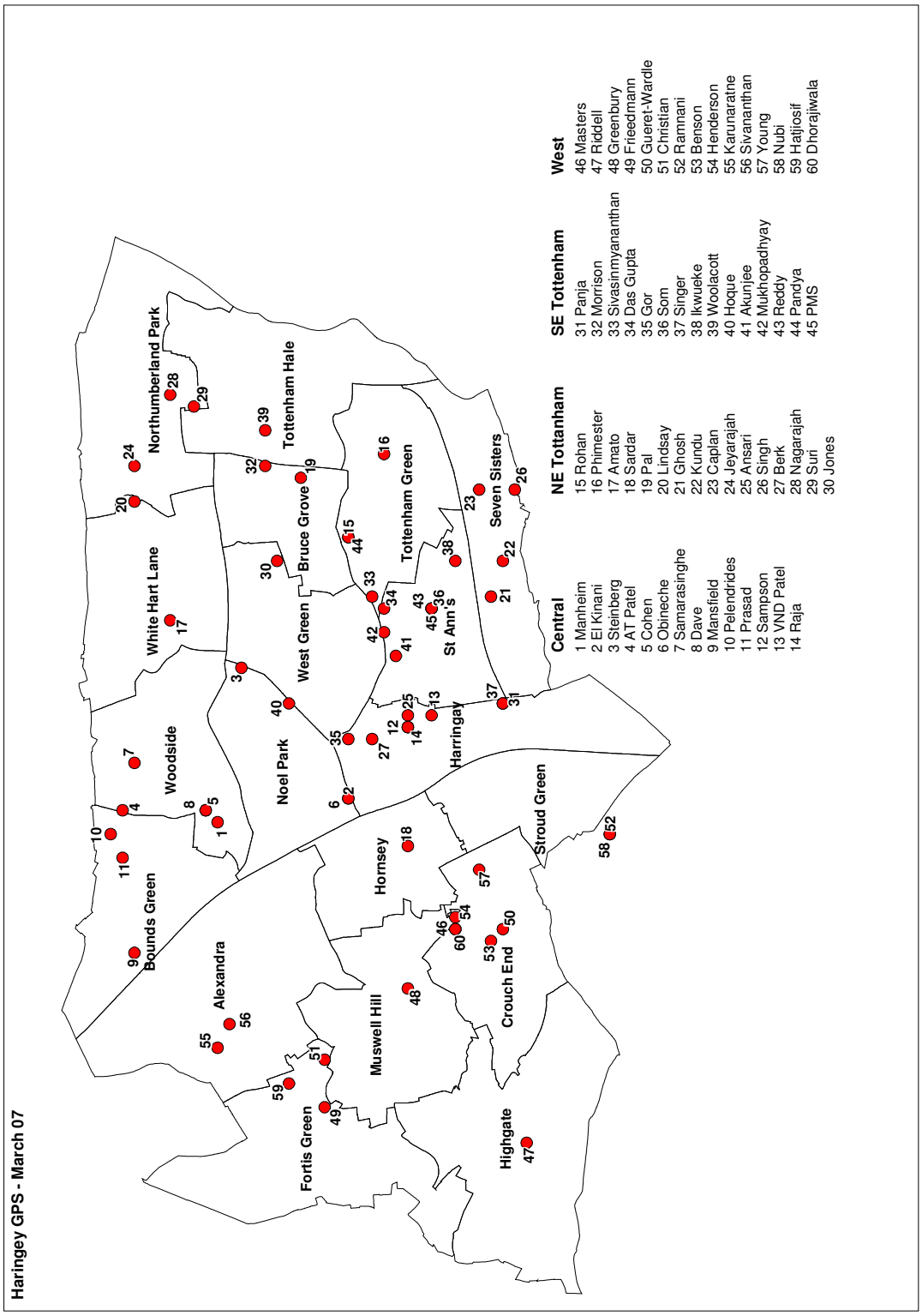


Figure 5: Current distribution of GP practices



3.13 Other existing community health premises

In the context of our Strategic Services Development Plan we are also considering the future use of all our current community premises and in particular how these might support the development of our primary and community care infrastructure. This will be worked through in more detail as neighbourhood plans are developed.

St Ann's Hospital site

The St Ann's site is owned by Barnet Enfield and Haringey Mental Health Trust (BEHMHT). We currently lease space from BEHMHT providing a number of borough wide community services from this site and also using it for our main administrative headquarters. We are actively looking to re-provide the services currently based here in more suitable locations and in more suitable quality and design of buildings. Equally we are planning in the longer term to relocate our main administrative centre in a convenient central location and one which will support closer partnership working with the Council.

As set out above we will develop a Neighbourhood Health Centre hub at the Laurels (opposite the St Ann's Site). A number of services have recently been transferred into the Laurels from the St Ann's site (including phlebotomy) as part of the move to develop more integrated person centre primary care services from that site. We are still in the process of identifying other sites, including GP practices that would work with the Laurels to provide the full range of services needed to create a local Neighbourhood Health Centre. This will include looking at how Tynemouth Road and Lordship Lane would interact with the Laurels site. It will also take into account the suitability now and in the future of commissioning services to be delivered from the St Ann's site.

Although we do not own the St Ann's site we clearly have a role in commissioning the sort of mental health services people in Haringey need. We are doing ongoing work with the Council and the mental health trust to develop the service model that will inform our commissioning decisions. In turn this will influence and shape the BEHMHT Strategic Outline Case (SOC) in terms of the premises that will be needed in the future to deliver the service we want to commission. The SOC is undergoing an extensive revision process with a view to finalising plans early 2009. Contact at Barnet Enfield and Haringey Mental Health Trust for further information about plans for the St Ann's site communications@beh-mht.nhs.uk

We like the BEHMHT are also involved with the consultation work being undertaken by the New Development for Communities around the Seven Sisters spatial development plan and linking in with the development of the St Ann's site.

Chapter 4: Benefits, trade-offs and limitations

In this chapter we talk about the benefits, trade offs and limitations of the primary care strategy. Whilst this strategy is vitally important to improving primary care services in Haringey, clearly it is not the only piece of strategic work underway to improve health in Haringey and it alone will not tackle some of the long-standing issues of health inequalities. It will however have a range of benefits for Haringey, which are described below.

4.1 Benefits

This section provides an overview of the main benefits that the primary care strategy will deliver for Haringey's residents. In addition, we will be developing a range of indicators that will enable us to measure progress against achieving these benefits.

4.1.1 Improved access to primary care

One of our key objectives in developing this primary care strategy is to improve access – and in particular to redress any inequity of access that fundamentally continues to fuel the stark health gap in the borough.

As noted in Chapter 2 above, access goes beyond travel and transport issues and includes the following dimensions:

- The resources people have to seek help from health services
- How differences between health service providers and users affect their seeking help from these services
- Availability and quality of health services
- Organisation of health services.

Merely ensuring people with equal needs are treated equally (horizontal equity) may seem fair, but will be insufficient to address the issue fully. The fact remains that those people who find it easy to find and use services will do so more often than those who do not. The equity of access we seek is to ensure that those with greater need should receive more help (vertical equity). Thus barriers to access become key and ways to reduce them for specific groups of people an important part of this strategy. Inequality of access to health services may be described as:

"*significant variations in the amount of work people with health needs have to do to reach and optimally use a service.*"

The primary care strategy will seek to ensure that all residents are able to access the right care they need, at the time they need it, in the most appropriate and convenient setting possible. Particular attention will be paid to improving access for people who currently find it difficult to access primary

care services including for example vulnerable adults and highly mobile populations.

Improved access will be achieved in the following ways:

- Providing extended opening hours: We are investing in the infrastructure in 08/09 to enable Lordship Lane and Laurels to open 12 hours a day 7 days a week and developing a Local Enhanced Service, to deliver extended hours in general practice; in direct response to the results of the national patient experience survey.
- Developing workforce skills in working with a diversity of patients so that culturally appropriate health services are made available
- Developing receptionist/health trainer role
- Providing a range of types of appointment systems to include both booked appointments and flexible opening
- Provide services in a range of settings across the borough
- Focus on improving access especially for groups experiencing discrimination and disadvantage, and developing indicators for measuring how successful the strategy is at doing this.

Also see section 4.1.3 on tackling health inequalities below.

4.1.2 Improved quality in primary care

We have set out in our case for change the variability of the quality of primary care and also the nature of the evidence about the sort of service delivery model more likely to deliver good quality care that larger practices appear to be better for clinical quality and poor quality is associated with deprived areas. We have very deprived areas in Haringey, where the health gap is most acute and which are often served by small practices which struggle for a whole range of reasons to provide the extra level of care needed to achieve improve health outcomes for people in those areas.

We want to see improved quality in primary care services across Haringey so that all services are providing the optimum levels of care for the community they serve. This means a quicker pace of improvement for some areas which are currently performing less well than others, who are already achieving high levels of clinical quality and outcomes.

This will be achieved by creating the Neighbourhood Health Centre hubs, which will develop as centres of excellence within Haringey that will enable the development and sharing of specialist skills within our primary and community services. This will happen in a number of ways including through:

- Greater opportunities, environment and infrastructure for peer and multidisciplinary team learning – including shared learning with social care and voluntary sector colleagues collocated at the hub. The opportunities provided by having the space to host learning events and the flexibility of clinical cover afforded in a larger centre to enable attendance by frontline workforce will transform the quality of professional development from current arrangements. Equally, drawing

expertise from hospitals, nurse consultants and practitioners with special interests into the larger centres to provide outpatient care will provide much greater opportunities for skills development in primary and community care.

- Greater standardisation and consistency of quality. In part this will arise from peers working with and learning from each other but the reduced number and complexity of the primary care service delivery model will also enable more focussed quality and performance management processes to be developed. It should also make the take up of improved ways of working and most clinically effective approaches faster and more consistently implemented and reviewed. For example it will be significantly easier to agree and implement care pathways in larger centres and the integrated GP practice spokes.
- Encouraging the next generation of doctors and other health professionals into Haringey, bringing the up to date skills and new ways of working into an environment that promotes peer and multidisciplinary learning.

4.1.3 Tackling health inequalities and improving health

The primary care strategy will not on its own improve health and deliver greater health equality but it will provide the core infrastructure through which we and our partners will be able to make a step change in how tackle these issues. We need to ensure that primary care services fulfil their potential to contribute fully to improving health and tackling health inequalities.

Primary care services will be better placed to **tackle health inequalities** working within the model we have set out above for a number of reasons:

- Wherever a Haringey patient is registered they will have available to them the same core range of services and standards of accessibility whether they are registered with a GP in a hub Neighbourhood Health Centre or at a GP spoke practice. In particular we will be able to address many of the issues identified in the Equalities Impact Assessment about the importance of the quality of the "front of house" services.
- Each Neighbourhood Health Centre hub and related GP practice and pharmacy spokes will form a network providing services tailored to meet the needs of the population in that area and geared up to target health inequalities. For example, language or culture specific services for long term conditions and health living advice might be focused in areas where this met population need most effectively.
- Instead of an historical, patchwork of primary and community services we will be developing a detailed blueprint of services in each locality, that have been drawn from and tested through consultation with local stakeholders and the public and informed by the new Joint Strategic Needs Assessment (in collaboration with Haringey Council). This will provide us with not only the desire to tackle health inequalities but also

an evidence based and carefully planned way forward to transform the way in which we address the health gap over the next 10 years.

- At present many of the "health improvement" services we commission and provide are not part of mainstream primary care service provision. Indeed, this was raised a number of times in our consultation, in particular in the context of health inequalities. The coherent and focused service delivery model set out in this strategy will provide the platform from which these and other interventions can be more effectively made available to everyone in Haringey.
- The opportunity for co-locating council, voluntary and community services will enable us to build truly integrated and effective healthy living services.

For further information about our strategic and joint plans around tackling health inequalities see Haringey Strategic Partnership Life Expectancy Action Plan, Infant Mortality Plan, and HTPCT Commissioning Investment Strategy 2008-11 (www.haringey.nhs.uk)

We will ensure that equalities and the learning from the Equalities Impact Assessment is at the very heart of our planning, implementation and monitoring of the new service model in particular by identifying a senior manager equalities lead as part of the core planning team and programme board (see section 5.1.1 below) and ensuring that we develop key equalities markers/indicators as the programme is rolled out. We will also use the information gathered in our patient experience survey (see 5.1.3 below) to further inform our planning and development in specific localities.

There is a growing body of evidence on how health promotion methods can significantly **improve health** status of populations over the medium to long term (Wanless Report 2004). Using this evidence we plan to invest over the next three years in a strategic programme of focused work to engage people proactively in the management and promotion of their own health and empowering communities in their efforts to do so. This programme will include social marketing targeting health messages at vulnerable and excluded groups, working to ensure services are delivered effectively for example through training local people as community wellbeing workers and tackling the worklessness agenda as well as ensuring equitable spread of health promotion services.

The development of Neighbourhood Health Centres as hubs for health and wellbeing provide a significant opportunity to place health promotion at the heart of the service delivered at the hub. We are currently looking at how we might transform the function of front of house services so that reception staff, for instance, can ensure people are signposted to appropriate information resources and other health promotion facilities (eg leisure, libraries). We are also looking at developing and expanding the centre manager role to include specific responsibilities around health promotion.

4.1.3 Improved premises

The quality, accessibility and design of all of our primary and community services premises will improve significantly as a result of implementing our primary care strategy. This does not just mean that we will develop "flag ship" Neighbourhood Health Centres but also that we will ensure that the spoke GP practices are all fit for purpose and fully accessible. This will involve making the best use of the fit for purpose estate we own as well as working with GP practices to relocate to new or improve current premises. The focus of the strategy is to ensure everyone living in Haringey is treated in clinically appropriate, accessible and health promoting environments that are fully accessible and compliant with disability discrimination legislation.

However, the primary care strategy is more than bricks and mortar. Each Neighbourhood Health Centre hub and GP spoke practice will work more effectively for people using and accessing services. This means that we will rethink/redesign reception and "front of house" services, appointment systems, how patient information is made available to health professionals, how, when and where to locate services and how service users, staff and the community more generally use the buildings to best effect.

4.1.4 Greater range of more integrated services available

The new model of provision is intended to provide a more holistic approach to people's health, recognising that as health is influenced by a wide range of determinants, so the services required to promote and improve health are wide-ranging. The new model will provide an opportunity for improved joint working across health and social care, and potential for co-location of health, social care and other related services provided by the voluntary and community sector.

4.1.5 Community resource and involvement

We are keen to see the Neighbourhood Health Centre/ hubs develop as a community resource, providing a focal point for health services in each locality and enabling the integration of a range of health-related activities to take place. It would, for example, include the use of Neighbourhood Health Centre space and potentially other resources by community and voluntary groups and bringing about a much closer relationship between health and community and voluntary groups engaged in the wider wellbeing agenda.

We have looked at the success of the Bromley-by-Bow Healthy Living Centre and hope to bring some of the innovative approaches and community engagement found in that centre to Haringey. The Neighbourhood Health Centre/ hubs are intended to be a community resource, an asset for the local community to use and to contribute to. We will need to find new ways of working with our local population to engage them fully in their health and their health services (see section 5.2.1 below on community engagement)

4.2 Measuring benefits

Given the level of funding, time, resource and public interest and engagement in this strategy it is vital that we are able to clearly and quickly demonstrate the benefits inherent in our primary care strategy.

We already have a robust performance management framework that tracks national and local targets as well and joint performance management with the Council to deliver and track delivery of local area agreement targets. Some of these targets map directly to some of our key benefits in implementing the primary care strategy (for example GP access targets and mortality rate targets).

In developing the strategy we wanted to keep at the forefront of our thinking what any changes would mean in real terms for people who use health services in Haringey. We have developed the following outcome statements[2] (see table below) that aim to capture the essence of what we are trying to achieve from a patient perspective. These statements should apply to all Haringey residents and those using Haringey primary care services.

We plan to use these outcome statements as the basis for developing a set of key performance indicators against which we will measure and monitor the implementation of the primary care strategy. We will need to develop these indicators for each locality based on the needs and priorities of local people and we will need to be accountable to local people in each locality for the performance of each locality network against the identified standards. We are particularly keen to ensure that these indicators reflect the concerns around access highlighted in the Equalities Impact Assessment.

So that we can measure improvements in services we need to identify baseline information. We are planning to undertake a detailed patient experience survey that will provide us with the baseline against which we will be able to demonstrate the improvements to services we want to make. The patient experience survey will be undertaken in summer 2008 (see section 5.1.2 below for further details)

[2] A number of these statements are drawn from the Department of Health consultation document on the future of urgent care services.

Patient outcome statements	
1	*I can register with a local GP practice of my choice – **whoever I am and wherever I live in Haringey***
2	*The care I receive meets **my needs and that of my family**.*
3	*I can rely on getting the right care **whenever** I need it and **whoever** I am.*
4	*I can easily access advice, support and screening to **keep me well***
5	***My opinions** are clearly heard and taken into account.*
6	*I know what to do when I or my family need **urgent care***
7	*In an emergency I can get care **quickly and simply.***
8	*Providing the **best care** is important to everyone who cares for me.*
9	*I can access (planned) care **at a time that suits me**.*
10	*In most **non-urgent** situations I can see a clinician who is familiar with my health history, situation and circumstances.*
11	*If I have a more complex or long-term health need, my care will be **agreed and co-ordinated** with my clinicians. Care will be provided in a way that is as convenient for me as possible.*
12	*I can book a **longer appointment** with my doctor or primary care clinician if I need it.*
13	*I have a relationship of **mutual respect** with my clinicians and care givers. I feel comfortable and receive respect for my cultural identity and my clinicians and care givers are aware of how my gender and age might affect how I access health care.*
14	*I am able to have **diagnostic and specialist treatment** (for some conditions) in primary care rather than having to visit hospital*
15	*In consultations with my clinicians and care givers I am **listened to and my concerns are respected,** whatever my age or background.*
16	*The services I use try to make it **easy for me to access** them*

4.3 Limits of strategy – links with other strategic developments

This strategy will not on its own deliver the sustained improvement in health and wellbeing that we want to see in Haringey. It needs to be seen within the context of the range of strategic activity underway in Haringey, including joint work with Haringey Council on life expectancy, wellbeing, and through Children's Networks, and other developments in services for adults and older people, mental health and other vulnerable groups focusing on early intervention and prevention as well as our investment planning over the next 3 years to support and extend these developments. What this strategy does is set out the improvements and investment in primary care that need to be made so to enable these strategic developments to play a full role in tackling health inequalities and in meeting the needs of all Haringey's residents.

4.4 Understanding the trade offs

In our original strategy document we were explicit that the Neighbourhood Health Centre model would involve a "trade off" between having further to travel to get to primary care services for some people and a wider range of better quality services in better premises and at more convenient times.

The consultation process provided no clear consensus as to the perceived benefit of this trade off. Although many concerns were expressed about the increased travel, others could see the benefits of the proposed model.

We feel strongly that the benefits of our proposed model will be worth the longer journey that some people will need to make. This is in part because we predict that fewer journeys will be needed due to the provision of more integrated services in a one-stop shop approach and that journeys currently made to hospital-based services will no longer be needed as many of these services are brought into primary care. In addition, the hub and spoke model we propose above allows for a good geographical spread of premises, closely mirroring current "clusters" of GP practices in many instances and providing additional points of access in areas currently under served (for example Northumberland Park) that should mean no one will have too far to travel to get to their nearest service. We also believe that the comprehensive community nursing services that we are looking to commission (including outreach, work with very high intensity users and case management for complex care), the delivery of a range of services in novel settings designed to maximise take-up/effectiveness (for example mental health work in local libraries, services for children and young people delivered from extended schools and children's centres) and the range of enhanced services being developed in local pharmacies will provide both the reach into communities (particularly for the most vulnerable) and an additional level of local access that will significantly enhance and complement the hub and spoke model described in this document.

We know that we have much work to do to ensure that the impact of this trade-off is managed and reduced as far as possible, particularly for older

people and other disadvantaged and excluded groups. This work will include "testing out" the location of the hubs and spokes through the patient experience survey and through the transport analysis we are commissioning (see sections 5.1 and 5.2.1 below), refining the locations as informed by this work and then working with Transport for London (TfL), Haringey Council and others to ensure that the transport options and routes to primary and community services are maximised.

Chapter 5: How will we make the strategy a reality?

In this chapter we will look at the range of activities and planning that we need to put in place to implement the primary care strategy.

5.1 Implementation planning

5.1.1 Programme management

We will be adopting a programme management approach to ensure that we maintain our focus clearly on delivering the benefits of this strategy for people in Haringey. Programme management provides a detailed framework through which to coordinate, direct and oversee the full range of interrelated work streams that will be involved in transforming primary care. It will also involve the development of a programme blueprint identifying in detail how services will look in the future covering in particular working practices, processes, organisational structure and technology and information needed to support implementation. The programme will be monitored by a high level programme board including membership from Haringey Council.

5.1.2 Development of neighbourhood plans

Building on the response we had to the consultation on the primary care strategy, we plan to undertake a detailed patient experience survey in each of the Neighbourhood Health Centre localities (e.g. West, Central, South East and North East) to report to our Board November 2008, which will include face to face interviews with a representative cross section of the local population looking at where we are now and what people want from their local primary care services. It will plan to pick up specific access and transport issues and help us to set meaningful performance indicators that we can measure against the patient experience survey baseline. Clearly this will need to link in, in the West, with ongoing community involvement in the design and development of Hornsey Central.

We also plan to undertake detailed engagement with general practice (and other independent contractors) over the summer to discuss with them the wide ranging issues relating to the implementation of the primary care strategy. This will be over and above the ongoing discussions we are already having at a collaborative and individual practice level.

The Practice Based Collaboratives in each of the four localities will take the lead in the development and design of the service model in each of the respective areas. The aim is for these plans to be developed with the focus on clinical leadership and stakeholder engagement.

We will use information from both to develop, together with information from our transport modelling and analysis (see 5.2.2 below), four detailed neighbourhood plans during the autumn which will be presented to our Board in January 2009. These will form a key part of our programme blue print.

5.1.3 Formal consultation on neighbourhood plans

The aim is for there to be a period of formal consultation in Spring/Summer 2009 on the neighbourhood plans, led by general practice, which services and the changes envisaged to these services stand at the heart of the transformation of out of hospital care. Again the focus will be on a bottom up approach.

The consultation timing will to a certain extent need to be informed by Strategic Health Authority assurance processes. We will be working closely with the Council and Overview and Scrutiny Committee in ensuring that this consultation process is as inclusive as possible.

In the mean time we are still responsible for ensuring that we commission high quality, integrated and accessible services for people in Haringey. We will continue to develop the range of community and primary care based services in the light of the clear mandate from the consultation in terms of improving access to services such as phlebotomy and non-medical foot health and extending the range of services and opening hours in our emerging Neighbourhood Health Centre hubs such as the Laurels and Lordship Lane.

5.2 Enabling strategies

5.2.1 Community engagement

Our consultation has shown us that we still have much to do to engage local people in our vision for better primary and community services. We need to ensure that the views, ideas and preferences of local people are an integral guiding force in the way that we develop facilities to become health and wellbeing resources at the heart of local communities.

Building community engagement is more than putting on a series of public events and sending out newsletters (although these have their place). It is about investing in a community engagement infrastructure that is able to stimulate interest, garner involvement and develop lasting working relationships between the PCT and local people and the communities they belong to in the development of better health services and better health and wellbeing.

In our 2008/9 commissioning investment we are considering proposals to develop a strategic and evidence based community development infrastructure, learning from successful models elsewhere (in particular the Bromley by Bow Healthy Living Centre model). The infrastructure being considered includes the investing in community development workers aligned to each Neighbourhood Health Centre locality, developing the role of centre manager and front of house staff and developing the governance structures to ensure that stakeholder and community engagement has a clear voice in decision-making processes.

5.2.2 Transport

One of the key concerns raised by people during the consultation was that the journey to see a GP for some people would either take longer or be more difficult as the number of sites from which GP services are delivered reduce from to about 20 (including hubs and GP spokes).

We have given very careful consideration to this issue in identifying the location of the Neighbourhood Health Centre hubs and in particular the proposed location of general practice spokes. We have looked at main transport routes and natural/other barriers as well as population density. Additionally we have considered the issue of deprivation and population growth that are currently poorly provided for. We have also looked at cross-borough patient flows, how and why practices are currently clustered in certain areas and what that tells us about current patient flows and how access should be improved.

We have referred to the high level modelling conducted in the *Healthcare for London: Framework for Action* document. Based on average population densities at borough level this indicated that a vast majority of Londoners would be within 1 or 2 kilometres of a "polyclinic" serving a population of 50,000. In our model we are looking at 5 Neighbourhood Health Centres (3 large and two smaller centres) providing GP services to 125,000 people in total, together with additional GP practice spokes located in 12-15 other locations.

However, we recognise that we need to do much more detailed modelling and testing out of the model we want to implement. As such we have commissioned a detailed transport modelling and analysis from one of the leading transport and accessibility agencies in the country.

We have asked them to:

- Determine what transport is currently available to Haringey residents when travelling to primary care and other health services
- Determine what may be a reasonable distance for residents to travel to different primary care and other health services
- Carry out accessibility mapping to determine how far people are able to travel within the distances defined by the various modes of transport available in order to access the Neighbourhood Health Centre hubs and proposed GP practice spokes
- Determine improvements that could be made to enhance access to primary care services (whether in terms of identifying better hub or spoke locations -insofar as these are not already "givens" – or in terms of joint or other work to develop transport in the community with Transport for London and other local organisations).

This work will be supported by the travel time analysis modelling that will be made available by NHS London and Transport for London (TfL) to provide

information on travel times using different modes of transport to health services, and the impact of changing the location of services on travel times.

But we also want to go beyond this analysis and obtain a greater insight into why people decide to go to one GP rather than another and how we can accommodate and cater for those preferences in the model we are looking to implement. For example we know from a detailed analysis of practice registration lists that patients will travel further to see a GP of their choice rather than the most local GP. The reasons why are likely to be bound up in a whole range of issues around language, culture and the sense that the GP "understands" the patient. We are particularly interested in unpicking these issues because we believe they are closely related not only to how far people travel but also the sort of patient outcomes that are possible where the health professional and patient share a common understanding of the issues of importance to a patient. For example, compliance with medication may be significantly improved where the GP understands the family background and cultural context against which the patient will be taking the medication.

These issues will be explored further in the detailed patient experience survey planned for summer 2008 as described above.

The outcome of both of these processes will inform a community transport strategy to be developed with Haringey Council and TfL. We will particularly focus on improving transport routes/methods to our known sites, e.g. Hornsey Central, Lordship Lane, Laurels and Tynemouth Road.

5.2.3 Workforce

In order to deliver the service model set out in this strategy we need to ensure that we have the right workforce in place. There are a range of issues that need to be considered in order to develop a workforce strategy that will underpin the proposed changes in primary care.

NHS London is developing a workforce strategy to support the recommendations in *Healthcare for London,* this is expected to be available in September 2008 and will inform developments at a more local level. We know that out of our existing primary care workforce, more than one third of our GPs are aged 55 or over so clearly we need to think about succession planning. As well as ensuring we plan for the right numbers of workforce in the future we will also need to think about new roles, new ways of working and new skills that will be needed. Key issues for workforce development include:

- Changing workload and case mix for primary care practitioners
- Supporting clinical leadership development
- Multi-disciplinary education for the primary care teams
- Significant recruitment of Practice Nurses
- Enhancement to the role of Practice Manager.

It will be through the development and skill of the workforce that we will be able to deliver our outcome statements set out above. We will need to ensure that the services provided meet the needs of our diverse population and are culturally sensitive. Haringey TPCT will continue to develop its capability to ensure that it is an organisation fit for its purpose. Equally we must ensure that in developing our workforce we make fundamental changes in the way in which we respond as services and as individuals to vulnerable and disadvantaged people. This was a key concern highlighted in the Equalities Impact Assessment.

We must also ensure that we retain and build upon what is already world class in our workforce. We must not forget the unique role that GPs play in treating the whole person and their family, in caring for people in a holistic way and ensuring continuity of care across a wide range of interventions and services. Implementing the primary care strategy is intended to support and amplify this significant role placing GPs in a much better position to offer holistic, integrated care closer to home supported by a full range of wellbeing and social care services.

5.2.4 Organisational Development

We are well aware that simply re-housing our local health workforce in better accommodation will not create the sort of integrated multi-disciplinary care and wellbeing network we want to see in Haringey.

This must be underpinned by an intensive and co-ordinated organisational development plan that is able to exploit fully the opportunities for transforming how we work together around the needs of our population and to create a learning organisation.

This will need to encompass:

- Developing people into new roles and as members of new and different teams including teams with other agencies
- Working as teams across new boundaries and as joined up care networks across a locality
- Improving the range and flexibility of responses and systems to ensure that vulnerable and disadvantaged people are able to access services in the fullest sense.
- Stakeholder engagement.

5.2.5 Commissioning

The TPCT believes that to secure the best possible services for patients from available resources we need to support the development of a good range of strong, effective and responsive health provider organisations locally. In addition to working with existing providers to ensure that they are able to deliver demonstrably clinically effective, high quality, value for money services the TPCT is also keen to support a range of new service providers, particularly in areas where it is assessed that current providers do not have a particular

interest or expertise or where current service provision is assessed as poor quality or value for money.

Additionally there is much greater potential for the TPCT to work with community and voluntary organisations to support delivery of improved health for local residents and our commissioning strategy should actively consider how we can build stronger relationships and a stronger 'third sector' in partnership with the local authority and building on existing commitments made in the Haringey Compact.

The TPCT believes that 'contestability' (competitive tendering of services against an agreed specification) is an important vehicle for securing best value and expect it to play an increasing part in how we seek to maximise health benefits from our commissioning spending future. We do recognise that there are potential pitfalls in this approach and we will seek to develop mechanisms to ensure that local providers are not disadvantaged in any competitive tendering processes.

What we commission in general but particularly in the context of developing primary and community services must be directly influenced by local people and local clinicians. Practice Based Commissioning (PBC) provides the main tool to ensure local GPs have a direct say in what services are commissioned for their patients and for patients in their locality through the 4 Practice Based Commissioning Collaboratives. Haringey TPCT GP practices are aligned into four PBC Collaboratives. Each collaborative is lead by a Clinical Director (local GP) and covers a population between 55,000 to 85,000 patients and is broadly associated along geographical and main provider lines.

Practice Based Commissioning Collaboratives are currently having active discussions, for example, about developing new forms of GP practice led provider organisations based around consortiums of local practices/clinicians. GPs will increasingly expect to be given the opportunity to provide a wider range of services than are currently included within the core GP contract framework. This would build on existing 'local enhanced services' models and would need to be carefully managed but is an approach that the TPCT welcomes in principle.

5.2.6 Information Technology (IT)

Communication and managing information will be vital to the success of our vision. We will develop an Information Management and Technology Plan that will set out how this will be achieved in more detail but the headline work that we have undertaken and planned to date to enable the model we set out above is as follows:

Hornsey Central: Haringey IT are working closely with Connecting for Health (CfH) and the London Program for IT (LPfIT) in order to develop a solution that will provide integration between the GP Systems, RiO

Community System (see below), local clinical systems and Pharmacy Systems to be deployed at the site.

This is a high profile project focused primarily on the patient experience and all aspects of the patient journey. This project will provide the blueprint for local health centre IT and potentially throughout the country.

RiO: Work has begun on implementing the Care Records System, RiO in community services. This is one of the largest IT projects undertaken by the TPCT and will transform the way in which we provide healthcare services in Haringey. Workshops with individual services will begin in May 2008 and will look at how RiO can be used to best effect and support new ways of working.

Desktop Upgrade: Current operating systems are outdated. The HIS have developed a new desktop environment called Fusion, which uses much newer technologies facilitating remote working, enhanced security and greater resilience. HTPCT will be exploring the migration to this new environment with the Haringey Information Service in order to facilitate the introduction of RiO.

Map of Medicine: The Map of Medicine (MoM) is a web based tool supporting evidenced based medicine. First developed at the Royal Free Hospital in 1999, it is now managed by Informa Healthcare, and under national procurement by Connecting for Health, has been licensed for use by the NHS. This means that it is free to all organisations and users of the NHS.

The path provides 393 pathways across 27 specialities all supported by up to date clinical evidence including the Cochrane Collaboration and NICE guidance and all updated on an annual basis. All pathways can be viewed on a national as well as international basis.

Haringey TPCT has adopted the Map of Medicine as a key tool for developing clinical pathways and best practice and will have its own section on the map. The first local pathways being developed cover gynaecology.

Other IT Projects: Sexual Health, Contraception and Reproductive Services are implementing an integrated Electronic Patient Record (EPR) to be utilised across the service in Haringey including all satellite services. This will enable the service to access patient records from any site enabling seamless care for patients. It is also a key service development in its work towards developing a managed service network for sexual health across Haringey. Currently the Palliative Care Team is dependent upon manual systems and is implementing the nationally recognised PALL CARE system. Amongst the many benefits is the opportunity to link with other service providers who are also using Pall Care and provide out of hours cover (The North London Hospice and Enfield community team, for example, are already using this system).

5.2.7 Finances

Detailed financial modelling will be undertaken to facilitate the development of the service model above. Essentially the TPCT is expecting to invest significantly in primary care services and community based "out of hospital" services over the next three years as part of its overall commissioning investment strategy. This will include significant investment in the infrastructure required to support delivery of the strategy.

5.3 Next Steps

Consultation and key next steps		
Next step	**What for?**	**By when?**
Patient experience survey	Understanding people's experience of primary care services and how they would like to see it develop.	**November 2008**
Transport modelling and analysis	Testing out and analysing transport arrangements to proposed hub and spoke model	**November 2008**
Board review	Review Primary Care Strategy in light of transport and patient experience work	**November 2008**
Development of local plans including community engagement in development	Detailed modelling of "hub and spoke" model and drawing up of specific plans for each neighbourhood led by GP collaboratives. Ongoing development of enabling strategies	**Autumn/ Winter 09**
Formal consultation	Consultation on detailed neighbourhood plans.	**Spring 09**
Board review and final sign off	Board consideration of detailed strategy and plans in light of consultation responses	**Summer 2009**

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MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 17 MARCH 2008

Councillors Councillors Bull (Chair), Egan (Vice-Chair), Davies, Jones, Mallett, Newton and Winskill

Also Present: Ms I. Shukla and Ms F. Kally

MINUTE NO.	SUBJECT/DECISION
OSCO122.	**WEBCASTING** The meeting was webcast on the Council's website.
OSCO123.	**APOLOGIES FOR ABSENCE** There were no apologies for absence.
OSCO124.	**URGENT BUSINESS** There was no such business.
OSCO125.	**DECLARATIONS OF INTEREST** Councillors Winskill and Bull declared a personal interest in item 7 (Homes for Haringey Performance) by nature of being leaseholders. Councillor Davies declared a personal interest in items 8 (Director of Heath), 9 (LINKS), 15 (Support to Pupils with Drug/Alcohol problems) and 16 (LAA Stretch Targets) by nature of being an employee of the Healthcare Commission. Councillor Egan declared an interest in item 7 (Homes for Haringey Performance) by of being on the board of Homes for Haringey.
OSCO126.	**DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS** There were no such items.
OSCO127.	**PROGRESS UPDATE ON THE SCRUTINY REVIEW ON REPAIRS TO HIGHWAYS AND FOOTPATHS** The committee received a further update on progress in achieving the recommendations of the March 2006 Scrutiny Report on repairs to highways and footpaths. The report contained information on the progress of the Highways Asset Management Plan and its implementation plan which was shortly to be considered by the Cabinet. Members expressed their desire to see the Plan in full, and agreed that the report should come before the committee in the new municipal year. Members noted that Officers wear preparing a pothole blitz, with

	additional inspections taking place. Monitoring was also being improved to help achieve higher levels of performance. **RESOLVED:** 1. That a report on the Asset Management Plan come before the committee in the new municipal year, including an update on the progress on potholes. 2. That the committee be provided with a report on the Pavement Management System. 3. That future reports contain relevant information on 'Climate Change'. 4. That the report and further actions to be taken be noted.	
OSCO128.	**CABINET MEMBER QUESTIONS: CABINET MEMBER FOR LEISURE, CULTURE AND LIFELONG LEARNING** The committee received a briefing from Councillor Dhiren Basu, Cabinet Member for Leisure, Culture and Lifelong Learning, setting out his key achievements and priorities in his portfolio area. Officers informed Members that there had been no analysis on whether the successful London 2012 Olympic bid had diverted funding from other 'Leisure' areas where it was utilised by the Council. It was noted that changes of funding arrangements to the Area-Based Grant demonstrated no evidence of this. The Council's own contribution to the Olympics was being co-ordinated through the North London Strategic Alliance, and a cross-service working group, although the borough currently had no dedicated Olympics Officer. The Cabinet Member was questioned over the changes in arrangements for Leisure Passes for the elderly. It was noted that passes were based on an ability to pay, and that presentations at the consultation meeting had been by Officers of the Council and not external consultants. It was further noted that variations on the 9 to 5 fees would be brought before the Cabinet at its meeting of March 18th 2008. The Cabinet Member confirmed that there was potential for development in expanding the Muswell Hill library. **RESOLVED:** 1. That Cllr Basu report back to the committee on the issue of Muswell Hill Playing Fields and play provision in Fortis Green ward.	

	2. That Officers look at the issue of advertising outside the Council's leisure facilities 3. That Councillor Winskill and the committee receive a note on the costs of the branding marketing programme. 4. That the committee receive information on cultural promotion in the borough 5. That the briefing be noted.	
OSCO129.	**CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ENVIRONMENT AND CONSERVATION** The committee received a briefing and answers to questions from Councillor Brian Haley, Cabinet Member for Environment and Conservation. Members raised concerns over possible fraud relating to the use of disabled parking badges, particularly on Spurs match days. The Cabinet Member assured the committee that initiatives with the police in relation to blue badge fraud had been undertaken. Officers agreed to provide to Members a briefing on the issue and the monitoring of badge use. **RESOLVED:** 1. That the committee receive a briefing on the use of disabled badges in the borough and the monitoring of them. 2. That the answers to questions and briefing provided be noted.	
OSCO130.	**SUPPORT TO PUPILS WITH DRUG AND/OR ALCOHOL PROBLEMS** The committee considered whether to commission a review into the support given to pupils with drug and/or alcohol problems. It was agreed that a review should be agreed and, as recommended, a specific area of prevention or treatment be singled out to allow the review to have greater depth. After discussions between Members of the committee and Officers, it was agreed that the review's focus should be on the treatment of pupils with drug and/or alcohol problems. **RESOLVED:** 1. That a review on the topic be agreed, with the focus on treatment. 2. That the report be noted.	
OSCO131.	**HOMES FOR HARINGEY PERFORMANCE REPORT**	

	The committee received the Homes for Haringey Performance Monitoring Report for Quarter Three (April to December 2007). Members were informed by Officers that a number of the Performance Indicators set out in the report had improved since the monitoring period ended in December. It was noted that the percentage of tenants who were more than seven weeks in arrears in terms of their rent had fallen from 15.71% to 13.76%. Members learned that at the point of sign-up, tenants were notified of their obligations in terms of keeping up with rate, and were given a housing benefit form to fill in. A follow-up visit was also arranged for six weeks following the commencement of the tenancy. **RESOLVED:** 1. That the committee receive a note on the scheme of incentives and deductions from contract payments. 2. That Cllr Newton receive statistics on repairs logged and timeframes broken down by ward. 3. That the committee receive an update on Tenancy Management Officers and their roles in working with needy residents in the borough. 4. That the report be noted.	
OSCO132.	**DIRECTOR OF HEALTH - KEY PRIORITIES** Eugenia Cronin, the new Director of Public Health for the borough who had been in post since, addressed the committee. She stated her desire to ensure that the Local Area Agreements were used to facilitate greater working together between the borough and PCT on the issue of public health, working towards the joining up of commissioning. **RESOVLED:** That the presentation be noted.	
OSCO133.	**ACHIEVING EXCELLENCE UPDATE** The Committee received an update on the Achieving Excellence programme. Officers informed the committee that lessons would be learned from the implementation of other major projects in the borough such as Building Schools for the Future and the implementation of the Decent Homes Standard over the course of the project.	

	Members noted that they would be happy to involve the team in relevant Scrutiny reviews, with Officers happy to identify areas where they could contribute constructively. **RESOLVED:** That the report be noted.	
OSCO134.	**QUARTER THREE REVIEW OF HARINGEY'S LOCAL AREA AGREEMENT 'STRETCH TARGETS'** The committee received an update on progress against the Local Area Agreement stretch targets, including an analysis of direction of travel and the likely end of year one outcome. Positive progress was reported against the majority of targets, although there was concern over figures relating to Domestic Violence and Incapacity Benefits. The committee learned that action was being taken to improve in these areas. **RESOLVED:** 1. That the committee be provided with information on the use of resources with regards to parks achieving Green Flag/Pennant status. 2. That information on the number of people from the 12 worst wards helped into sustained worked by provided to the committee. 3. That the update be noted.	
OSCO135.	**SCRUTINY REVIEW OF SCHOOL EXCLUSIONS** The committee received the final report of the Scrutiny Review on School Exclusions for its approval. Members noted that this was the first of two complementary reports, dealing with prevention of exclusions. A second report on the topic of dealing with excluded children would be forthcoming. It was agreed that ethnic information not stated in the report would be provided to Members of the committee. **RESOLVED:** 1. That ethnic information on school exclusions be provided to the committee 2. That the recommendations of the report be agreed, with Members to come back with suggestions regarding issues raised at the meeting.	

OSCO136.	**POST OFFICE CLOSURES SCOPING DOCUMENT** The committee received this report setting out the scope and terms of reference for the Scrutiny Review of the proposed Post Office closures in Haringey. **RESOLVED:** 1. That the proposed terms of reference and work-plan for the review as set out in the report be approved. 2. That the Assistant Chief Executive (Policy, Performance, Partnerships and Communication Service) be delegated authority to approve the final report of the review panel as set out in the report.	
OSCO137.	**UPDATE REPORT ON THE REPLACEMENT OF PATIENT PUBLIC INVOLVEMENT FORUMS WITH LOCAL INVOLVEMENT NETWORKS** This item was deferred to the meeting of 7th April 2008.	
OSCO138.	**MINUTES** This item was deferred to the meeting of 7th April 2008.	
OSCO139.	**NEW ITEMS OF URGENT BUSINESS** There were no such items.	

COUNCILLOR GIDEON BULL

Chair

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 7 APRIL 2008

Councillors Councillors Bull (Chair), Egan (Vice-Chair), Davies, Jones, Mallett, Newton and Winskill

MINUTE NO.	SUBJECT/DECISION
OSCO140.	**WEBCASTING** The meeting was webcast on the Council's website.
OSCO141.	**APOLOGIES FOR ABSENCE** There were no apologies for absence.
OSCO142.	**URGENT BUSINESS** The Chair agreed to take the following item as Urgent Business: Scrutiny Review of Post Office Closures in Haringey (the national Network Change Programme). This report would be considered under the Urgent Business item.
OSCO143.	**DECLARATIONS OF INTEREST** Councillor Davies declared a personal interest in items 8 to 12 and 17, by nature of being an employee of the Healthcare Commission.
OSCO144.	**CPA SELF-ASSESSMENT AND NEW CAA FRAMEWORK** The committee received a presentation outlining the CPA Self-Assessment and the Comprehensive Area Assessment. Members were provided with information on the key new elements: Local Area Agreements, the area risk assessment, the direction of travel indicator and the use of resources element. The committee was informed that although the CPA's successor did not include the word performance, this did not suggest that performance was not still a key component; the idea of the new structure was to broaden the Council's assessment, with performance still at its heart. Officers stated that the Haringey Strategic Partnership identified key priorities together with the Council's partner's last year which were being reflected in the new Assessment arrangements. Officers were pleased to inform Members that they were working closely with the partners, with collocation to facilitate partnership working being investigated in some cases. **RESOLVED:** 1. That copies of the presentation be circulated to the committee.

	2. That the presentation be noted.
OSCO145.	**TITLE: ANNUAL HEALTH CHECKS - OVERVIEW AND SCRUTINY COMMITTEE COMMENTS ON CORE STANDARDS SELF-DECLARATIONS BY LOCAL NHS TRUSTS** The committee received for approval draft comments on the Core Standards self-declarations by local NHS Trusts. It was noted that committee Members had paid visits to the North Middlesex and Whittington hospitals, as well as the Primary Care Trust. It was noted that this year, Members would comment on a select few standards, rather than on all 24. It was noted that draft health comments would be agreed between the Chair of Overview & Scrutiny and the chief opposition spokesman. Members expressed their disappointment at the impact of the purdah period preventing the committee holding a Health Conference this year; Officers and Members vowed in future election years endeavour to hold the conference prior to the period commencing, whilst still incorporating useful elements from the manner in which the process was conducted this year. **RESOLVED:** 1. That representatives of LINKS be invited to attend an Overview & Scrutiny meeting. 2. That the comments in the report and recommendations be approved.
OSCO146.	**CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ADULT SOCIAL CARE AND WELLBEING** The committee received a briefing and answers to questions from Councillor Bob Harris, Cabinet Member for Adult Social Care and Wellbeing. The Cabinet Member identified key issues in his portfolio, pointing to a positive comments and recognised improvements in the 2006/07 Performance Assessment. The Cabinet Member was confident that the Service would continue in an improving direction of travel. He stated he was also greatly pleased by the large improvement in the Performance Indicator statistics on the 2006/07 period. Following queries raised over the Laurels Centre by Councillor Bevan, the Cabinet Member agreed that he would welcome the opportunity for Overview & Scrutiny Committee Members to look round the Laurels Centre. In terms of the Personalisation Agenda, Officers promised to ensure that the requested Member's Briefing was taken forward. Members were informed that although there was no direct experience of

	residents in receipt of direct payments squandering money intended for their care, the Council still possessed a duty of care to the resident concerned, and had the power if required to withdraw direct payments and to return to the previous method of care. Members learned that the frequency of reviews by the Council depended on the details of the case itself. A review six weeks into the programme was standard, with a six monthly review following by annual checks. However, changes in circumstance could result in more frequent reviews. Officers agreed to report back to Members on increasing benefit take-up and Council Performance Indicators; it was noted that increasing take-up was a corporate priority, stretching over a number of services. Members re-iterated their desire for an area of the Council to have clear responsibility for increasing take-up. **RESOLVED:** 1. That Members of the Overview & Scrutiny Committee be invited to view the Laurels Centre 2. That the committee be provided with terms of reference for the Well-Being Partnership Board 3. That the Officers report back to Members on Performance Indicators relating to Increasing Benefit Take-Up. 4. That the briefing and answers to questions be noted.	
OSCO147.	**DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS** The committee received a deputation from Mr Mario Petrou, on the topic of the Primary Care Strategy, arguing that a wider-ranging consultation was required. Members responded to the deputation, with the PCT making their response as part of the following item.	
OSCO148.	**PRIMARY CARE STRATEGY** The Committee was addressed by James Slater and Helen De Souza of the Haringey Teaching Primary Care Trust on proposals relating to their Primary Care Strategy. It was noted that the revised Strategy was due to be considered by the TPCT Board in May, with ongoing public engagement culminating in a public update meeting of 14th May 2008. A provisional implementation plan was also being worked on. Members re-iterated the importance of engaging with Transport for London over the transportation implications of their proposed changes to the provision of services. The Trust stated that transportation was the subject of high-level engagement as part of the on-going development of their plans.	

	Members requested more clarity on the nature of the plans being proposed by the Primary Care Trust in terms of aspirations and method of delivery. The PCT informed Members that there was no particular on-size-fits-all model proposed. Members stated that they believed that further engagement from the PCT was required as the strategy became more finalised. **RESOLVED:** 1. That the PCT provide a response to Mario Petrou on points raised in his deputation 2. That the Chair respond to the Chief Executive of the PCT articulating concerns raised at the meeting. 3. That the committee seek to liaise with the PCT to undertake a further review of the proposals	
OSCO149.	**PRIMARY CARE TRUST - INVESTMENT PROPOSALS** The committee received a report on the PCT's three-year commissioning investment strategy, also giving details of what services would be commissioned in 2008/09. Officers of the PCT suggested further required expenditure including the implementation the Primary Care Strategy, and meeting targets agreed through the Local Area Agreement. Further updates on the proposals would be brought back to the committee as they took shape. It was noted that the preferred option for procuring care was to continue to use existing local providers where possible. The PCT confirmed that they were prepared to continue to support local practices. **RESOLVED:** That the report be noted.	
OSCO150.	**CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ENFORCEMENT AND SAFER COMMUNITIES** The committee received a briefing and answers to questions from Councillor Nilgun Canver, Cabinet Member for Enforcement and Safer Communities. Members noted that a new borough Commander was due to be in place in the near future, with Richard Wood currently acting up to the	

	position. The committee requested that he accompany the Cabinet Member for Enforcement and Safer Communities to his or her next Cabinet Member questions session. The Cabinet Member articulated the issue of the gap between fact and perception with regards to crime in Wood Green. Robbery was down 23% on previous years, with the area increasing in safety. In terms of concerns raised over gambling in the borough, legal advice was being garnered over the possibility of Green Lane being designated a 'risk area'. The committee welcomed the fact that a report on Planning Enforcement would come before the committee in due course. **RESOLVED:** 1. That the Borough Commander in future accompany the Cabinet Member for Crime & Community Safety during their Cabinet Member Questions item. 2. That the briefing and answers to questions be noted.	
OSCO151.	**STROKE SERVICES FEASIBILITY REPORT** This item was deferred to the meeting of April 28th 2008.	
OSCO152.	**ACCESS TO SERVICES FOR OLDER PEOPLE** This item was deferred to the meeting of April 28th 2008.	
OSCO153.	**WASTE COLLECTION AND RECYCLING** This item was deferred to the meeting of April 28th 2008.	
OSCO154.	**UPDATE ON THE RECOMMENDATIONS OF THE OVERVIEW & SCRUTINY COMMITTEE'S REVIEW OF NEIGHBOURHOOD WARDENS SERVICE** The committee received an update on developments within the Street Wardens service since the Scrutiny Review of December 2005. Officers stated they were working to join up frontline enforcement activity with neighbourhood wardens, with wardens now authorised to carry out some enforcement duties. It was noted that the restructure of the service was part of the wider Urban Environment restructure. Officers confirmed that Wardens were still based in Ashley Road, but were using hot-desking to allow them to be close to the communities they were serving as much as possible. Members noted that wardens would again be able to use their bicycles following the completion of a forthcoming risk assessment. **RESOLVED:**	

	That the report be noted.	
OSCO155.	**UPDATE REPORT ON THE REPLACEMENT OF PATIENT PUBLIC INVOLVEMENT FORUMS WITH LOCAL INVOLVEMENT NETWORKS** The committee received an update report on the replacement of Patient Public Involvement Forums with local Involvement Networks. The report informed the committee of the current positional, with transition arrangements now in place. Members noted that LINKs were due to begin operations on July 1st 2008. **RESOLVED:** That the report be noted.	
OSCO156.	**NEW ITEMS OF URGENT BUSINESS** The Chair agreed to take the following item as Urgent Business: Scrutiny Review of Post Office Closures in Haringey (the national Network Change Programme). Members conveyed their thanks to Officers for their support in the review. Members were assured that a response regarding the Highgate post office, although missing from the final draft of the Council's response, would be placed on-line. **RESOLVED:** That the final report of the review be noted.	
OSCO157.	**MINUTES** **RESOLVED:** 1. That the minutes of the following meetings be confirmed and signed: - 31 January 2008 - 25 February 2008 2. That a report on Benefit Take-Up come before the committee in due course.	
OSCO158.	**HIGH INTENSITY USERS REVIEW** The committee considered the final report of the review panel on this topic. Members conveyed their thanks to Officers for their work on this report, and requested that the fact that the experiences of individual users had influenced the recommendations of the report be reflected	

	in its introduction. **RESOLVED:** That, subject to comments on the experience of individual users being incorporated into the introduction, the final report of the review panel be approved.	

COUNCILLOR GIDEON BULL

Chair

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MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 28 APRIL 2008

Councillors Councillors Bull (Chair), Egan (Vice-Chair), Jones, Mallett, Newton and Winskill

Apologies Councillor Davies

Also Present: Ms. Indu Shukla

MINUTE NO.	SUBJECT/DECISION
OSCO159.	**WEBCASTING** The meeting was webcast on the Council's website.
OSCO160.	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Councillor Davies.
OSCO161.	**URGENT BUSINESS** The Chair agreed to the admission of the report 'Submission to the consultation on the franchise of Tottenham Crown Post Office (824 High Road, N17)' under item 12 as a late item because the deadline for consultation was only recently amended and confirmed by Post Office Ltd.
OSCO162.	**DECLARATIONS OF INTEREST** There were no such declarations.
OSCO163.	**DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS** There were no such items.
OSCO164.	**CABINET MEMBER QUESTIONS: CABINET MEMBER FOR COMMUNITY COHESION AND INVOLVEMENT** The committee received a briefing from the Cabinet Member for Community Cohesion and Involvement. Members requested information as to whether the bringing Customer Service and I.T. together under the same leadership was an overburdening workload. The Cabinet Member responded that bringing together of these two key services was important, and that the relationship between the two would help to focus investment and resources. The Cabinet Member described the motivation behind the reduction in operating hours of the call centre as a reflection of the low level of

	calls being received in the evening; Members were assured that the opening hours were being kept under review however. Residents were also being encouraged to use the Council's website for as many services as possible. Officers admitted that the Call Centre had suffered from peak demand in March, which pushed up waiting times and heeded Members suggestions to plan for this period in advance during the next financial year. Members were assured that consultation was carried out according to key principles, and it was agreed that a copy of the consultation strategy would be circulated to the committee. **RESOLVED:** 1. That the Consultation Strategy be provided to all Members of the Overview & Scrutiny committee. 2. That the briefing be noted.	
OSCO165.	**CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ENTERPRISE & REGENERATION** The committee received a briefing and answers to questions from Councillor Kaushika Amin, Cabinet Member for Enterprise and Regeneration. The Cabinet Member reflected on a successful year and was pleased to inform the Committee of the appointment of a new interim Head of Planning Service. The committee learned that 200 people had successfully found work through the Haringey Guarantee scheme. Members were informed that those businesses which employed less than five people were generally not targeted for the scheme due to the issue of needing to have a position to be filled following the end of the work placement. Members debated the effects of gambling establishments on an area, with no clear consensus as if their presence contributed to a negative perception or reality of a particular area. In terms of the Olympics, Members impressed upon Officers the need to make the borough's venues available for usage as training camps and the like. The Cabinet Member confirmed that the White Hart Lane Sports Centre had been submitted as a venue, and informed the committee that the borough's commitment to the games was demonstrated by the ongoing work developing a volunteering accreditation system. The Council continued to lobby on behalf of the borough to be a recipient of benefits from the successful Olympic bid, including funding for the Upper Lea Valley. **RESOLVED:**	

	1. That Members receive information on Council efforts with regards Olympic funding and activities. 2. That the briefing and answers to questions be noted.	
OSCO166.	**ACCESS TO SERVICES FOR OLDER PEOPLE** The committee received the final report of the Scrutiny Review Panel on Access to Services for Older People. Members declared themselves satisfied with the review, with some issues raised in it to be picked up in a forthcoming Scrutiny Review of Services for Carers. The hope was that evidence for this review would be gathered from as many carers as possible. Members raised concerns over the possibility of some individuals being caught in a 'gap' between different types of services which were being provided; Officers would work to prevent such a gap from occurring through Fairer Access to Care Services. **RESOLVED:** 1. That information be provided on the timeline of the Access Pathways project. 2. That Adult Social Services ensure that no people are caught in the 'gap' between different types of provision. 3. That the report and recommendations of the review be approved.	
OSCO167.	**PLANNING ENFORCEMENT REVIEW** The committee received this report to note the findings of the review of Planning Enforcement as commissioned by the Cabinet Member for Safer Communities, and the measures being taken to improve the service. Members requested an explanation of the name change to 'Frontline Services'. The committee learned that the new service was the result of Streetscene services being brought together, excluding Waste Management, as 'Environmental Resources'. Officers informed Members that Enforcement was currently managed on a client-contractor relationship, with the Planning Service in the rôle of the client, and the Enforcement Service the contractor. Members requested information as to whether additional Performance Indicators existed to reflect the new arrangements. Officers responded that new indicators had been added which were being reported quarterly to the Planning Committee. Officers stated that	

	they would be happy to supply Members of Overview & Scrutiny with this data. Officers encouraged Councillors to provide them with their views on Enforcement Documentation, welcoming their input into providing as effective a service as possible. **RESOLVED:** 1. That Members receive a note on the name change to 'Frontline Services', together with a information on areas of responsibility. 2. That Performance Indicators be provided after three months to demonstrate the performance of the new service 3. That the report be noted.	
OSCO168.	**STROKE SERVICES FEASIBILITY REPORT** The committee received this report to consider the feasibility of commissioning a full Scrutiny review on the performance of stroke services in Haringey. Officers informed Members that Haringey was a 'spearhead authority', which meant it sat in the lowest 20% of authorities in terms of life expectancy. Members noted that the rate of strokes was three times higher in the East of the borough than it was in the West. They were informed that the North Central London Cardiac Network, who were carrying out work on Stroke on behalf of the Primary Care Trust, would welcome Scrutiny input into their ongoing work. Members thanked Officers for the provision of the information contained within the report. The committee was of the opinion that the review should be approved in principle, but with a final decision on whether it should be carried out deferred until formulating the work programme, and until further information had been sought on the topic. **RESOLVED:** 1. That additional information be sought on the topic, particularly from Camden and the Stroke Network. 2. That the review be approved in principle subject to a range of competing options.	
OSCO169.	**WASTE COLLECTION AND RECYCLING** The committee received a report on the outcome of the Scrutiny	

	Review into Waste, Recycling Collection and Disposal. The report sought Overview & Scrutiny's endorsement of the recommendations of the Review which were to be reported to Cabinet. The committee congratulated those involved in the Review, and gave approval to investigate whether source separated or co-mingling recycling was the more efficient method, in light of the upcoming contract decision process for recycling. Members noted that the new contract would commence in the current co-mingled fashion, but Members would be keen to have the option to stipulate source-separation at a later date. Members stated that issues raised by the review, such as that of fortnightly collections and size of bins were useful debates to have with regards to increasing the awareness of recycling within the borough. In response to issues raised regarding cost implications, Members stated that not meeting recycling targets would result in fines for the Council, and that cost implications were forming part of the ongoing debate over recycling in the borough. The committee agreed to support the review, with the below recommended regarding method of recycling being appended to it. **RESOLVED:** 1. That an additional Recommendation 23 be added to the review, reading as follows: *That the Overview & Scrutiny Committee carry out a focussed short Scrutiny on the collection of recyclables by source-separated method or co-mingled effort, and that time for this be allowed in the contract decision process.* 2. That the Council write to its partners asking for feedback on their recycling services. 3. That the recommendations of the review be agreed.	
OSCO170.	**NEW ITEMS OF URGENT BUSINESS** The Chair agreed to accept the report 'Submission to the consultation on the franchise of Tottenham Crown Post Office (824 High Road, N17)' as a late item because the deadline for consultation was only recently amended and confirmed by Post Office Ltd. The report was presented to the committee to allow Overview & Scrutiny to produce a submission to the consultation on the post office's franchise. **RESOLVED:** That the recommendation of the report to produce a submission be agreed.	

COUNCILLOR GIDEON BULL

Chair