Haringey Council

NOTICE OF MEETING

Overview and Scrutiny Committee

WEDNESDAY, 21ST OCTOBER, 2009 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou (Vice-Chair), Adje, Aitken, Mallett, Newton and Winskill

Co-Optees: Ms Y. Denny (church representative) plus 1 Vacancy, Ms M Jemide (Parent Governor), Mr J Efiofor (Parent Governor), Ms S Marsh (Parent Governor), Ms H Kania (LINk Representative)

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 below. New items of exempt business will be dealt with at item 11 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. TRANSFORMING COMMUNITY SERVICES (PAGES 1 - 6)

To receive the report from NHS representatives informing of the establishment Joint Provider Board.

7. NHS HARINGEY BUDGET (PAGES 7 - 20)

To receive the NHS report updating the Overview and Scrutiny Committee on the 2009/10 budget and current financial performance.

8. UNSCHEDULED CARE (PAGES 21 - 26)

To receive the report on the option for re-designing unscheduled care services in Haringey.

9. UPDATE ON HARINGEY LINK (PAGES 27 - 42)

To receive the Haringey LINk (Local Involvement Network) Annual Report 2008/2009.

10. MINUTES (PAGES 43 - 48)

To confirm the minutes of the call-in meeting held on 1st October 2009.

11. NEW ITEMS OF URGENT BUSINESS

Ken Pryor
Deputy Head of Local Democracy and
Member Services
River Park House
225 High Road
Wood Green
London N22 8HQ

Natalie Cole
Principal Committee Co-Ordinator
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Tuesday 13th October 2009

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Agenda Item 6

NHS HARINGEY & NHS ISLINGTON PROVIDER SERVICES

AGENDA ITEM: 5
ATTACHMENT: C

PROVIDER SERVICES ALLIANCE DEVELOPMENT REPORT: 1 October 2009

TRANSFORMING COMMUNITY SERVICES

Andrew Williams, Interim Joint Chief Operating Officer, NHS Haringey and NHS Islington (Andrewd.williams@islingtonpct.nhs.uk)

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1. INTRODUCTION

In March 2009, after a 12 month period of working increasingly in partnership to deliver provider services, the Public Board meetings of both NHS Haringey and NHS Islington agreed to establish a provider services alliance governed by a Joint Provider Board, properly constituted as a committee of the main Board of both PCTs and operating autonomously and accountably as a Direct Provider Organisation within the governance arrangements of both PCTs. This is consistent with the Department of Health's Transforming Community Services policy and Healthcare for London.

2. LEADERSHIP

The Joint Board's membership is six Non-Executive Directors (three from each PCT) and three Executive Directors (Chief Operating Officer, Associate Director of Finance and Clinical Lead). Both statutory Directors of Adult Social Services and the Director of Islington's Children's Services are co-opted members.

An interim Joint Chief Operating Officer was appointed to lead an Alliance Management Team to support and advise the Joint Board and manage the services delegated to the Joint Provider Board. At the initial meeting of the Joint Provider Board in June the Board received a Programme Report including a summary of the anticipated benefits to be realised (refer to appendix 1).

3. IMPROVING HEALTH AND SOCIAL CARE SERVICES AND OUTCOMES

Alliance-wide Lead responsibilities that have been agreed for Transforming Community Services, the associated six care pathways and the Social Care Transformation agenda (acknowledging that the primary Lead responsibility is with the Directors of Adult Social Services).

The aim is to capitalise on best practice in quality and productivity improvement through the inter-dependent Transformation Programmes for Community Health and Social Care. The relevant leads are undertaking stock-takes against the recently produced NHS Transformation Guides and Quality Framework to identify:

- service areas of best practice to promote and learn from
- service areas on which to focus improvement support

- opportunities to accelerate the development of care pathways to support commissioners in implementing improved neighbourhood and specialist services through poly-systems.

4. DEVELOPING AS AN EFFECTIVE ORGANISATION

At the Joint Board's meeting in September reports were presented and approved on the basis of which the Provider Services Alliance:

- has completed a self-assessment as having achieved NHS London's requirements for Business Readiness status by 30 September 2009. The evidence for this is being reviewed by NHS London
- has an effective organisational and partnership development plan for the priorities for the next stage of development for the Provider Services Alliance as a fit for purpose Direct Provider Organisation of both PCTs for the next 6 to 18 months
- will be subject to an Option Appraisal process and timeline to evaluate and make recommendations to both PCT Boards by 31 March 2010 on the most effective future form of organisational governance for the Provider Services Alliance from 2011/12 and agree an implementation plan for 2010/11 to support this. This is a requirement of the Department of Health's Transforming Community Services policy.

The Alliance's care services and support services are funded through service level agreements with commissioners. NHS Haringey (adult services) and NHS Islington (child and adult services) are the main commissioners, however the Alliance provides specialist community services to neighbouring boroughs and prison healthcare at HMP Pentonville. Current operating income for Haringey provider services is approximately £32.9m.

5. FEEDBACK FROM ENGAGEMENT EVENTS

A continuing programme of engagement of staff and partners in the whole of the Transforming Community Services agenda is in place, which extends back over the past year and is supported by a communications plan looking ahead.

Through close partnership with Council Directors and Cabinet and Scrutiny members leading on working with health services, these activities are progressing hand in hand with Putting People First, the Social Care Transformation agenda.

Both PCTs' recently concluded consultations on their respective Primary and Community Care Commissioning Strategies. The Alliance is committed supporting the implementation of these strategies by transforming integrated health and social care services in local, community neighbourhoods and across specialist care pathways.

Two externally facilitated Engagement Events attracted over 200 participants of whom nearly all were staff from across the range of frontline and support services and provided a good representative mix of roles and professions. Partners were invited to these events as well as being engaged directly for their views through members of the Alliance Management Team, as explained in Section 6.

In summary, participants' feedback was that:

- We all felt that we would need more information and that there were a lot of unknowns and what ifs.

- At the Islington based event, it was felt that the current political climate is an important consideration.

- We all felt that ***how*** we work is more important than the structure as such.

- Although each of the models has attractions and problems – any of them could be made to work – equally, none of them "tick all the boxes".

- At the Haringey event, additional feedback was that most of us least favoured the integration (with current Acute NHS Trust services) model – partly because of too many possibilities and risk of fragmentation.

  The outputs from these events have been directly fed into the development of options and criteria within the option appraisal process proposed later in this report.

  Participants considered that developing the Alliance should remain top of our agenda.

  This feedback fits well with the views expressed by both NHS Haringey Board and NHS Islington Board at Board Development events earlier this year. It also reflects the outcomes of engagement meetings held to date with LINKs representatives, staff representatives and service partners in local NHS Trusts and Council Directorates leading on working with health services.

6. NEXT STEPS

The Joint Board has a Development Workshop on 23 October to review progress in developing improved services and consider the next phase of the option appraisal process regarding the future organisational form for 2011/12 and beyond. The outputs from the Engagement Events have been directly fed into the development of options and criteria within the option appraisal process. Discussions continue with partners, staff and their representative fora.

In summary, partners and staff prioritise: focusing on transforming service quality and productivity; maintaining the momentum created by the Alliance for improving services in partnership over the next 18 months; and remaining open to the emerging options for selecting the best possible future form of governance. This guides the day to day work of the Alliance in improving services and outcomes with our partners in Haringey and Islington.

Appendix 1

4. Expected Alliance benefits

Organisational benefits	Benefits to patients
• **Provider focus** – The creation of a larger "provider only" organisation should mean that we can focus on what we do best – "providing services to patients" • **Economies of scale** – Increased Scale across clinical service lines should improve quality and risk management with lower overheads and management costs in relation to size • **Long term viability** - Increased critical mass, revenue and diversity of customer base will increase organisational robustness. More able to manage loss of revenue and create critical mass within borough based service line. Improved competitiveness in the marketplace • **Specialist resources** - Sharing of NHS specialists and expertise • **Attracting talent** – Ability to attract and retain quality leadership • **Local authority collaboration** - Scope for sharing the learning from health and social care alliance in Islington across to Haringey • **Not a fixed end state** – this can be worked through with staff and stakeholders • **A strengthened NHS brand** – The Alliance will help reinvigorate the NHS brand locally • **Value for money, greater investment and associated innovation in services** - The Alliance should be able to deliver better value for money in different service areas allowing for more resources to be invested in service improvements and associated innovation in service delivery	• **Increased choice** – In the long term there is likely to be a greater choice of services available to the patient. This should lead to more choice locally in certain specialist services, as well as improved access to services • **Shorter waiting times** – More choice of providers should mean shorter waiting times. The Alliance should also be able to deliver "efficiencies in operations" which will help to cut waiting times in key areas. This should make it easier to access services in both boroughs • **More and better quality clinical advice** - Patients should benefit not only from "more clinical time" but also a better overall quality of clinical service (not just in terms of efficient operations such as shorter waits, but also localised delivery and higher standard of advice. The Alliance will be better placed to attract and retain good quality staff. It should be easier to embed quality standards. • **Best practice led services** – Best practice and learning will be shared to the benefit of patients. There will be "a sharing of expertise and skills" e.g. as is already happening with specialist nursing. There will be more opportunities for staff development and training • **Improved service viability linked to a stronger local presence** – The size of the Alliance will improve service viability. A larger organisation will have a stronger bargaining position vis a vis Commissioners and be able to lever in more resources. "There will be less gaps and less duplication overall" • **More and better patient and public involvement** – The Alliance should benefit from best practice in patient and public involvement.

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Summary:

This report updates the Overview and Scrutiny Committee on the 2009/10 budget and current financial performance based upon the month 5 results and identifies key areas of risk that the PCT faces in achieving a balanced position by the year end.

Overview and Scrutiny Committee action:

To note the updated 2009/10 budget, and to note the financial results for the first 5 months and to note the risks facing the the PCT for the remainder of the year.

Lead Officer information:

Name: Harry Turner
Position: Corporate Director of Finance
Contact details: 020 8442 5400

Report

To: Overview and Scrutiny Committee
From: Corporate Director of Finance
Date: 21 October 2009
Topic: 2009/10 Budget & Performance Update

Summary

This report summarises the updated 2009/10 budget and performance to the Overview and Scrutiny Committee (OSC) and reports on the current financial performance based upon month 5 for the period to the end of August 2009.

The current PCT income and expenditure budget is £467.1M. NHS Haringey is forecasting a breakeven position at year end based upon the above annual budget. However, some key risks exist and are set out below.

The main risk is the pressure on Acute Commissioning. The financial performance for the first 5 months of 2009/10 is a £2.063M overspend. This overspend is mainly due to the expenditure on Acute Commissioning.

Update on 2009/10 Budgets

The 2009/10 budget was approved by the PCT Board at its May meeting. Since then a number of budget changes have been made. These changes mainly relate to transferring the investment budgets and planned savings areas to the correct directorates as well as transferring specific earmarked resource limits

NHS Haringey 2009/10 Budget 31 August 2009		
	£'000	**£'000**
Acute Commissioning	197.2	
Mental Health	41.5	
Other Non Acute	50.4	
Specialist Services	35.8	
Hosted Services	9.7	
Total Commissioning Budget		**334.6**
Primary Care		**80.5**
Provider Services		**22.2**
Corporate		**17.3**
PCT Reserves		**12.5**
Total NHS Haringey Expenditure Budget		**467.1**

In May it was reported that the PCT income and expenditure budget both equalled £461.0M. Since May a number of additional allocations have been received and the budgets have been updated as a result. The current PCT income and expenditure budget now equals £467.1M. Included in the current total is a specific earmarked allocation of £5.2M that was received from NHS London for the PCT to transfer on to North Middlesex Hospital as a pass through payment for their PFI, and funding for their mixed sex accommodation. There were a number of other earmarked allocations which when received were transferred to the correct budgets.

The PCT maintains a separate allocation control process that tracks all monthly changes in allocations and budget movements or virements. The most significant internal budget virement is the transfer of the agreed investments of £6.243M as set out in appendix 1. The PCTs investment budget is now included in the areas set out in the attached appendix. Originally the £400K funding for the Joint Action Review (JAR) action plan was included in the Commissioning budget. This is now included in Public Health and Management.

Of the £6.243M investment budget, £2.2M is for investment in children's services (appendix1). These investments are linked into actions outlined in the JAR. Other investments concentrate on the broader commissioning portfolio and on public health and infrastructure.

Financial performance for the first 5 months of 2009/10

The PCT is facing some significant financial challenges. The overspend on Acute Commissioning is the key area that is causing the largest problem. For the 5 months ended 31 August 2009, the level of overspend on Acute Commissioning is a (£6.030M) overspend year-to-date

In arriving at the PCTs overspend position at month 5 a straight line application of the PCTs reserves has been applied. The PCTs gross overspend at month 5 before the proportionate use of reserves is (£7.079M). The overall net overspend of the PCT after the straight line application of (£5.016M) reserves is a (£2.063M) overspend at month 5.

The PCT is forecasting a break even position at the end of this financial year. To achieve the breakeven position by the year-end requires the PCT to commit all remaining reserves (£12.5M). In addition to utilising all reserves, the break even forecast figure assumes that at a minimum the PCT is able to stop the existing overspend present at month 5. A straight-line projection of the (£2,063K) month 5 overspend position is (£4,950K). The forecast assumes that the PCT can reduce expenditure or save the (£4,950) straight line year end extrapolation of the month 5 overspend by the end of the year. In addition the forecast assumes that the entire £3,443K initial savings plan is achieved. The initial savings plan was agreed as part of the source of funds to enable the PCT to have a £6.243M investment plan.

The full commitment of PCT reserves at this point in the year leaves the PCT exposed should other pressures present themselves in the months to follow.

Summary of Financial Performance to 31 August 2009

A summary of performance for the year to 31 August 2009 is shown below.

		PERIODS TO DATE			FORECAST OUTTURN		
	2009/10 Budget £'000	Budget £'000	Actual £'000	Var £'000	Budget £'000	Actual £'000	Var £'000
SOURCE OF FUNDS							
Funding	467,144	197,570	197,570	-	467,144	467,144	-
Total Source of Funds	**467,144**	**197,570**	**197,570**	**-**	**467,144**	**467,144**	**-**
APPLICATION OF FUNDS							
Commissioning - Acute	197,206	84,888	90,918	(6,030)	197,206	206,324	(9,117)
Commissioning - Specialist Services	35,774	14,906	15,412	(506)	35,774	36,988	(1,214)
Commissioning - Non Acute	91,893	38,289	39,146	(857)	91,893	93,950	(2,057)
Commissioning - Hosted Services	9,675	4,031	4,031	-	9,675	9,675	-
Primary Care	80,517	33,846	34,060	(214)	80,518	81,014	(496)
Provider Services	22,245	8,844	8,341	503	22,245	21,741	504
Corporate Costs	17,308	7,751	7,725	26	17,308	17,453	(146)
Total before use of reserves	454,618	192,555	199,633	(7,079)	454,619	467,145	(12,527)
Contingency Reserves	12,527	5,016	-	5,016	12,527	-	12,527
Total Expenditure	**467,145**	**197,570**	**199,633**	**(2,063)**	**467,145**	**467,145**	**-**
Surplus / (Deficit)				**(2,063)**			-

Commissioning actions:

Given that the PCT has very limited financial flexibility in 2009/10, it is absolutely critical that current levels of over-performance are not allowed to continue. Urgent actions are taking place to try to manage the expenditure within the available resources.

The PCT is not alone in trying to manage such a significant increase in expenditure on the Acute SLAs. A similar level of overspend on the main acute SLAs is also occurring in the other PCTs within the North Central London Acute Commissioning Agency (NCLCA) and across London.

Current actions include: The PCT is arranging Director level meetings with each Hospital. The purpose of these meetings is to agree mechanisms to enable activity to be managed within the planned levels set in the SLAs. In addition the PCT has arranged an internal Acute Commissioning spend review group who are meeting regularly to consider the options available.

The NCLCA is newly formed and is a part of the work plan to urgently address the acute commissioning overspend across the 8 acute trusts in the Sector. The PCT has agreed that I work for the NCLCA for 2 days a week for the remainder of the calendar year. This PCT presence within the NCLCA will help to present a strong influence on their work. The NCLCA will give more clout, greater consistency, and allow a degree of sub-specialisation which a smaller function cannot support for example in areas like medicines management.

Reserves and Service Risks

The PCT is forecasting a break even position at the end of this financial year. Even if the PCT achieves this position, there will not be funding available for dealing with certain possible subsequent risks. A number of uncertainties exist that are not accounted for in the current 'medium case' forecast of the current financial model. For example, the risks of winter pressures and requirements if a pandemic flu outbreak occurs. In addition, other pressures and requirements of the contingency reserves exist. The figures in this report are before any winter pressures, pandemic flu or further price cost ("market forces factor") adjustments.

Recommendations and Conclusions

This report presents an updated balanced budget for 2009/10. The OSC is asked to note the content of this report including the updated revenue resource limit and current financial performance. The report includes a number of financial risks which the OSC is asked to note; and a number of further actions, and savings measures, which the OSC is asked to be aware of. The OSC is also asked to note the intention to bring back further updates and more detail in a number of areas, in due course.

Harry Turner
Corporate Director of Finance
21 October 2009

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Fincontrol Allocations spreadsheet

The information for this spreadsheet will be coming from details entered into the Budget Control Form.

Date	Budget Title	Budget Code	Specialist/Non	Cap/Rev	R/NR/RNR	Type	Description	Anticipated/ Actual	Value of the Adjustment	Funding Source (Inv/SHA/deficit)	IAT (Inter Authority Transfer) (Y/N)	SHA Reference	Finance Lead	5 year plan KLOEV14	Budget Category	File ref	Cash Limit
18-Feb-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	R	Baseline	Resource allocations as per AWP(09-10)PCT04	Actual	424,321	SHA	N			Yes	Baseline openin	Limits report - 08/05/09	424,321
19-Feb-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Delivery of NHS Drug Treatment Indicator	Actual	3,324	SHA	N			Yes	Baseline openin	Limits report - 08/05/09	3,324
19-Feb-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	NCG Allocation 2009-10	Actual	(2,476)	SHA	N			Yes	Baseline openin	Limits report - 08/05/09	(2,476)
19-Feb-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Primary Dental Services (net of patient charge income)	Actual	14,200	SHA	N			Yes	Baseline openin	Limits report - 08/05/09	14,200
19-Feb-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	Young People's substance misuse treatment funding (poole	Actual	233	SHA	N			No	Baseline adjustr	Limits report - 08/05/09	233
19-Feb-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Adjusted Young People's substance misuse treatment fundi	Actual	(12)	SHA	N			Yes	Baseline openin	Limits report - 08/05/09	(12)
19-Feb-09	Baseline Resource Limit	Adjustment	Non Specialist	Rev	NR	Baseline	HPV vaccine funding for vaccination of girls aged 12 to 13 years (DH letter dated 30 January 2009)	Actual	35	SHA	N			No	Baseline adjustr	Limits report - 08/05/09	35
7-May-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	Adjusted HPV vaccine funding for vaccination of girls aged 12 to 13 years (DH letter dated 30 January 2009)	Actual	(2)	SHA	N			No	Baseline adjustr	Limits report - 08/05/09	(2)
7-May-09	Baseline Resource Limit	Adjustment	Non Specialist	Rev	NR	Baseline	HPV vaccine funding for vaccination of girls aged 14 to 16 years (DH letter dated 30 January 2009)	Actual	61	SHA	N			Yes	Baseline openin	Limits report - 08/05/09	61
7-May-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	HPV vaccine funding for vaccination of young women aged 16 to 18 years (DH letter dated 30 January 2009)	Actual	42	SHA	N			No	Baseline adjustr	Limits report - 08/05/09	42
7-May-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	Adjusted HPV vaccine funding for vaccination of young women aged 16 to 18 years (DH letter dated 30 January 2009)	Actual	26	SHA	N			Yes	Baseline openin	Limits report - 08/05/09	26
7-May-09	Baseline Resource Limit	Adjustment	Non Specialist	Rev	NR	Baseline	Primary Dental Services - Additional Growth	Actual	623	SHA	Y			Yes	Baseline openin	Limits report - 08/05/09	623
3-Apr-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	HIV Consortium	Actual	9,200	SHA	Y			Yes	Baseline opening budgets 3rd draft		9,200
31-Mar-09	Baseline Resource Limit	Baseline	Specialist	Rev	NR	Baseline	Bowel Cancer Screening	Anticipated	422	SHA	Y			Yes	Baseline opening budgets 3rd draft		422
31-Mar-09	Baseline Resource Limit	Baseline	Specialist	Rev	RNR	Baseline	FSD - Re Westminster PCT	Actual	(3)	SHA	Y			Yes	Baseline opening budgets 3rd draft		(3)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	LHO Allocations 2009/10 - Pan London Levy	Anticipated	(8)	SHA	Y			Yes	Baseline opening budgets 3rd draft		(8)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Payment by results MFF - Provider	Anticipated	194	SHA	Y			Yes	Baseline opening budgets 3rd draft		194
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	EPCT SLA Rebasing	Actual	(1,279)	SHA	Y			Yes	Baseline opening budgets 3rd draft		(1,279)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	R	Baseline	EPCT SLA Rebasing	Actual	1,039	SHA	Y			Yes	Baseline opening budgets 3rd draft		1,039
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	R	Baseline	Charge Exempt Overseas Visitors Adjustment AWP(0607)P	Anticipated	584	SHA	Y			Yes	Baseline opening budgets 3rd draft		584
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Rape Havens to Southwark PCT	Actual	(74)	SHA	Y			Yes	Baseline opening budgets 3rd draft		(74)
31-Mar-09	Baseline Resource Limit	Baseline	Specialist	Rev	RNR	Baseline	PMEDS: Personal Admin Costs	Actual	117	SHA	Y			Yes	Baseline opening budgets 3rd draft		117
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Provision of recombinant clotting factors to all haemophilia	Actual	268	SHA	Y			Yes	Baseline opening budgets 3rd draft		268
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Distinction Awards NMH	Anticipated	41	SHA	N			Yes	Baseline opening budgets 3rd draft		41
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Distinction Awards NMH	Actual	43	SHA	N			Yes	Baseline opening budgets 3rd draft		43
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Carry Forward Adjustment	Anticipated	1,978	SHA	Y			No	Baseline opening budgets 3rd draft		
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	Adjusted Carry Forward Adjustment	Anticipated	0	SHA	Y			Yes	Baseline opening budgets 3rd draft		4,579
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	A&E and WIC Dehosting	Actual	4,579	SHA	Y			Yes	Baseline opening budgets 3rd draft		293
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Dental Vocational Trainees	Anticipated	293	SHA	Y			Yes	Baseline opening budgets 3rd draft		(110)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	2009/10 Pan London Levies	Anticipated	(110)	SHA	Y			Yes	Baseline openin	IAT Control Sheet M2	(207)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	2009/10 Pan London Levies IAT1 June 09	Actual	(207)	SHA	Y			Yes	Baseline opening budgets 3rd draft		
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	2009/10 Pan London Levies IAT1 Nov 09	Anticipated	(34)	SHA	Y			Yes	Baseline opening budgets 3rd draft		
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Mental Capacity Act	Actual	54	SHA	Y			Yes	Baseline opening budgets 3rd draft		
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Childhood Vaccination	Actual	45	SHA	Y			Yes	Baseline opening budgets 3rd draft		63
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	HIV CHIPS support 09/10	Actual	90	SHA	Y			Yes	Baseline opening budgets 3rd draft		449
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	MMR Catch up Funding	Anticipated	63	SHA	Y			Yes	Baseline opening budgets 3rd draft		(3,395)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	HCAS Additional allocation	Anticipated	449	SHA	Y			Yes	Baseline opening budgets 3rd draft		
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	Historic Debt Levy	Actual	(3,395)	SHA	Y			Yes	Baseline opening budgets 3rd draft		840
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	NR	Baseline	Draw Down of Lodgements	Actual	5,886	SHA	Y			Yes	Baseline opening budgets 3rd draft		(452)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Reverse - Remove LIS Funding	Actual	840	SHA	Y			Yes	Baseline opening budgets 3rd draft		(3)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Reverse - Local LIS Funding	Actual	(452)	SHA	Y			Yes	Baseline opening budgets 3rd draft		(55)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	London Diagnostic Contract	Anticipated	(3)	SHA	Y			Yes	Baseline opening budgets 3rd draft		(16)
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	2008-09 Guernsey and Crown Dependency allocation. See	Anticipated	(55)	SHA	Y			Yes	Baseline opening budgets 3rd draft		150
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	AWP(08-09)PCT24 Isle of Man. Transfer to Western Chesl	Anticipated	(16)	SHA	Y			Yes	Baseline opening budgets 3rd draft		0
31-Mar-09	Baseline Resource Limit	Baseline	Non Specialist	Rev	RNR	Baseline	Childrens specialist top up	Anticipated	150	SHA	Y			No	Adjustment	TR email 13/5/09 (as per HT)	71
31-Mar-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	HSP Recession Task Force	Anticipated		SHA	Y			No	Baseline adjustr	Ian Gillespie email 18/5/09	1,279
13-May-09	Resource Limit	Adjustment	Specialist	Rev	NR	Adjustment	HIV Consortium	Actual	71	SHA	Y			No	Baseline adjustment		(1,039)
18-May-09	Resource Limit	Adjustment	Non Specialist	Rev	R	Adjustment	Removal of EPCT SLA Rebasing	Actual	1,279	SHA	Y			No	Baseline adjustment		(840)
15-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	R	Adjustment	Removal of EPCT SLA Rebasing	Actual	(1,039)	SHA	Y			No	Baseline adjustment		452
15-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	RNR	Adjustment	Removal of Reverse - Remove LIS Funding	Actual	(840)	SHA	Y			No	Baseline adjustment		18
15-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	RNR	Adjustment	Removal of Reverse - Local LIS Funding	Actual	452	SHA	Y			No	Baseline adjustment		(28)
15-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	RNR	Adjustment	Speech & Language Therapist - Wandsworth PCT	Actual	18	SHA	Y			No	Baseline adjustr	IAT Control Sheet M2	(275)
15-Jun-09	Resource Limit	Adjustment	Specilaist	Rev	RNR	Adjustment	General Ophthalmic funds recovery	Actual		SHA	Y			No	Baseline adjustr	IAT Control Sheet M2	3
15-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	RNR	Adjustment	A&E and 18 Weeks Incentive Schemes	Actual		SHA	Y			No	Baseline adjustr	IAT Control Sheet M2	(32)
16-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	RNR	Adjustment	ISTC Adjustments	Actual	3	SHA	Y			No	Baseline adjustr	IAT Control Sheet M2	(18)
16-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	RNR	Adjustment	Revision to Provision of recombinant clotting factors to all ha	Actual	(32)	SHA	Y			No	Adjustment	Limits report - 08/07/09	139
16-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	RNR	Adjustment	AWP(08-09)PCT25 2008-09 additional NCG levy. 2009.10	Actual		SHA	Y			No	Adjustment	Jim Hayburn (BPCT) email 6/7/09	496
16-Jun-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	Dental Access Funding	Actual	139	SHA	Y			No	Adjustment	30/7/09 Limit report	1
10-Jun-09	Cash Limit	Adjustment	Non Specialist	Rev	R	Adjustment	Improving Access to Psychological Therpaies (IAPT) Apr 09	Actual	496	SHA	N			No	Baseline adjustr	IAT Control Sheet M4	
14-Jul-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	Rape Havens to Southwark PCT	Actual	1	SHA	Y			No	Adjustment	IAT Control Sheet M4	(22)
28-Jul-09	Resource Limit	Adjustment	Specialist	Rev	RNR	Adjustment	2nd Year transition to the harmonised prices	Actual	(22)	SHA	Y			No	Adjustment	IAT Control Sheet M4	9
18-Aug-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	A&E/18 week - Incentive Scheme 08/09 Rebate	Actual	9	SHA	Y			No	Adjustment	IAT Control Sheet M4	3,300
18-Aug-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	Bank funding for PFI	Actual	3300	SHA	Y			No	Adjustment	IAT Control Sheet M4	1,903
18-Aug-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	Mixed Sex Accommodation - North Middlesex Hospital	Actual	1,903	SHA	Y			No	Adjustment	IAT Control Sheet M4	13
18-Aug-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	IFRS Fees for NORTH MIDDLESEX	Actual	13	SHA	Y			No	Adjustment	IAT Control Sheet M4	6
18-Aug-09	Resource Limit	Adjustment	Non Specialist	Rev	NR	Adjustment	IFRS Fees for Dec08 Restatement	Actual	6	SHA	Y			No	Adjustment	IAT Control Sheet M4	314
18-Aug-09	Resource Limit	Adjustment	Specialist	Rev	NR	Adjustment	HIV Consortium	Actual	314	SHA	Y						

Ledger Budget Totals 467,145 ok

458,960

	RRL	CL
Actual	463,197	456,990

	Capital	CRL	Cash
Anticipated	Community Hospitals Programme	0	0

				4874	4874
Actual			Initial Capital Allocation		0
Anticipated			Connecting for Health		0
Anticipated			Low Secure Forensic Unit	980	980
Actual			Primary Care Strategy	70	70
Anticipated			Primary Care Strategy		0
Anticipated			Site Maintenance		0
			Total	**5,924**	**464,884**
			Actual	5854	5854
			Anticipated	70	0
Anticipated	3,948	1,970			
	467,145	**458,960**			

Budget Category	Type	Value	R/NR/RNR	Period	Anticipated / Actual	Entered on budget line	Ref
Commissioning Budgets	**2009/10 Opening Baseline**	**276,602**		0			Budgets 2009/10 3rd draft
Adjusted Young People's substance misuse treatment funding (poole	Adjustment	(12)		2	Actual		Limits report - 08/05/09
Acute SLAs from Reserve	Virement	79		3	Actual		TR email 24/06/09
Community SLAs to Reserve	Virement	(40)		3	Actual		TR email 24/06/09
Mental Health / LD SLAs from Reserve	Virement	57		3	Actual		TR email 24/06/09
Overseas Visitors NMH - from reserve	Virement	584		3	Actual		TR email 24/06/09
CSL addition - from reserve	Virement	101		3	Actual		TR email 24/06/09
Acute Tracker adjustments - from reserve	Virement	370		3	Actual		TR email 24/06/09
Carers Centre 08/09 & 09/10 - from reserve	Virement	45		3	Actual		TR email 24/06/09
DAAT Funding 2009/10 - from reserve	Virement	221		3	Actual		TR email 24/06/09
DAAT U/S not fully beudgeted - from reserve	Virement	60		3	Actual		TR email 24/06/09
Independent Mental Health Advocacy - from reserve	Virement	44		3	Actual		TR email 24/06/09
PCT Community Contracts - from reserve	Virement	65		3	Actual		IG email 7/7/09
Locally commissioned Specialist Services from Spec. Comm	Virement	15,395		3	Actual		M4 IAT control sheet
Bank funding for PFI	Adjustment	3,300	NR	4	Actual		M4 IAT control sheet
Mixed Sex Accommodation - North Middlesex Hospital	Adjustment	1,903	NR	4	Actual		IG email 27/7/09
Reverse Forensic SLA adju (inc in Spec Comm. Trf M3)	Virement	(11,585)		5	Actual		PC Email 18/08/09
Investment Funding - Continuing Care Budget	Virement	(300)		5	Actual		PC Email 18/08/09
Investment Funding - Acute Savings	Virement	(700)		5	Actual		PC Email 18/08/09
Investment Funding - Resolution of Acute Challenges 08/09	Virement	(1,000)		5	Actual		PC Email 18/08/09
Investments to budgets from Reserve - see attached worksheet for d	Virement	3,910		5	Actual		
		289,099					
Ledger (Agresso)							
Specialist Commissioning	**2009/10 Opening Baseline**	47,622		0			Budgets 2009/10 3rd draft
HIV Consortium	Adjustment	71		1	Actual		Ian Gillespie email 18/5/09
Speech & Language Therapist - Wandsworth PCT	Adjustment	18		3	Actual		Email of 11/06/09
Specialist Comm. Per SCG - from Reserve	Virement	1,325		3	Actual		TR email 24/06/09
Locally commissioned Specialist Services to Mainstream	Virement	(15,395)		3	Actual		IG email 7/7/09
NCL Sextor team costs to management	Virement	(92)		3	Actual		IG email 7/7/09
Rape Havens to Southwark PCT	Adjustment	1	RNR	4	Actual		M4 IAT control sheet
HIV Consortium	Adjustment	314	RNR	4	Actual		M4 IAT control sheet
Reverse Forensic SLA adju (inc in Spec Comm. Trf M3)	Virement	11,585		5	Actual		IG email 27/7/09
		45,449					
Ledger (Agresso)							
Primary Care Budgets	**2009/10 Opening Baseline**	**80,583**		0			Budgets 2009/10 3rd draft
Budgets 2009-10 4th Draft adjustments	Adjustment	(100)		1	Actual		TR email 19/05/2009
Blue Badge Funding to Providerside	Virement	(60)	NR	3	Actual		JS email 25/06/09
Central Collaborative Nursing Team from Providerside	Virement	148	NR	3	Actual		JS & BA email 1/7/09
NSE Case Manager from Providerside	Virement	39	NR	3	Actual		JS & BA email 1/7/09
DSN Lead Trainer from Providerside	Virement	3	NR	3	Actual		JS & BA email 1/7/09
Community Diabetic Education 08/09 from Providerside	Virement	41	NR	3	Actual		JS & BA email 1/7/09
Community Diabetic Education 09/10 to Providerside	Virement	(7)	NR	3	Actual		JS & BA email 1/7/09
Dental Access funding from BPCT	Adjustment	139	R	4	Anticipated		Jim Hayburn (BPCT) email 6/7/09
Trf Dental Access funding to reserve	Adjustment	(139)	R	5	Anticipated		As per JS
Community Matron Service trf to Providerside	Virement	(148)	NR	5	Actual		C Brown & JS email 10/8/09
Infection Control trf to Providerside	Virement	(15)	NR	5	Actual		D Lyons & JS email 19/8/09
Investment Funding - Prescribing Budget -1%	Virement	(300)		5	Actual		PC Email 18/08/09
Investments to budgets from Reserve - see attached worksheet for d	Virement	333		5	Actual		PC Email 18/08/09
		80,517					
Ledger (Agresso)							
Providerside	**2009/10 Opening Baseline**	**21,689**		0			Budgets 2009/10 3rd draft
Budgets 2009-10 4th Draft adjustments	Adjustment	300		1	Actual		TR email 19/05/2009
Blue Badge Funding from Primary Care	Virement	60	NR	3	Actual		JS email 25/06/09
Central Collaborative Nursing Team to Primary Care	Virement	(148)	NR	3	Actual		JS & BA email 1/7/09
NSE Case Manager to Primary Care	Virement	(39)	NR	3	Actual		JS & BA email 1/7/09
DSN Lead Trainer to Primary Care	Virement	(3)	NR	3	Actual		JS & BA email 1/7/09
Community Diabetic Education 08/09 to Primary Care	Virement	(41)	NR	3	Actual		JS & BA email 1/7/09
Community Diabetic Education 09/10 from Primary Care	Virement	7	NR	3	Actual		JS & BA email 1/7/09
Improving Access to Psychological Therpaies (IAPT) Apr 09 - Mar 10	Adjustment	257	NR	4	Actual		30/7/09 Limits report
Community Matron Service trf from Primary Care	Virement	148	NR	5	Actual		C Brown & JS email 10/8/09
Infection Control trf from Primary Care	Virement	15	NR	5	Actual		D Lyons & JS email 19/8/09
		22,245					
Ledger (Agresso)							
Management Costs	**2009/10 Opening Baseline**	**14,760**		0			Budgets 2009/10 3rd draft
Adjusted HPV vaccine funding for vaccination of girls aged 12 to 13 y	Adjustment	(2)		2	Actual		Limits report - 08/05/09
HPV vaccine funding for vaccination of girls aged 14 to 16 years (DH	Adjustment	61		2	Actual		Limits report - 08/05/09
Adjusted HPV vaccine funding for vaccination of young women aged	Adjustment	26		2	Actual		Limits report - 08/05/09
HQ Budget adjustment - from reserve	Adjustment	95		2	Actual		TR email 27/05/2009
Hornsey Central rent M1 & M2	Adjustment	173		2	Actual		TR email 09/06/2009
Director of Stakeholder engagement - from reserve	Virement	120		3	Actual		TR email 24/06/09
HIS additioanal contract pressures - from reserve	Virement	135		3	Actual		TR email 24/06/09
NCL Sextor team costs from Spec. Comm	Virement	92		3	Actual		IG email 7/7/09
Hornsey Central rent M3 & M4	Adjustment	177		4	Actual		PW/DM email 10/8/09
Hornsey Central rent risk insurance	Adjustment	21		4	Actual		PW/DM email 10/8/09
Investment Funding - Reduction in Social Marketing Cost	Virement	(150)		5	Actual		PC Email 18/08/09
Investment Funding - Corporate Budgets	Virement	(200)		5	Actual		PC Email 18/08/09
Investments to to budgets from Reserve - see attached worksheet fo	Virement	2,000		5	Actual		PC Email 18/08/09
		17,308					
Ledger (Agresso)							
Risk Reserve	**2009/10 Opening Baseline - Continge**	**16,545**		0			Budgets 2009/10 3rd draft
	2009/10 Opening Baseline - KE Investm	**2,200**		0			Budgets 2009/10 3rd draft
	2009/10 Opening Baseline - New Cost Pre	**1,000**		0			Budgets 2009/10 3rd draft
Budgets 2009-10 4th Draft adjustments	Adjustment	(200)		1	Actual		TR email 19/05/2009

Budget Category	Type	£'000	R/NR/RNR	Period	Anticipated / Actual	Entered on budget line	Ref
Carry Forward Adjustment	Adjustment	5		2	Actual		As per 2008/09 accounts
HQ Budget adjustment	Adjustment	(95)		2	Actual		TR email 27/05/2009
Hornsey Central rent M1 & M2	Adjustment	(173)		2	Actual		TR email 09/06/2009
Carry Forward Adjustment	Adjustment	(5)	NR	3	Actual		As per 2008/09 accounts
STC Adjustments	Adjustment	3		3	Actual		
Revision to Provision of recombinant clotting factors to all haemophili	Adjustment	(32)		3	Actual		
Removal of EPCT SLA Rebasing	Adjustment	1,279	R	3	Actual		
Removal of EPCT SLA Rebasing	Adjustment	(1,039)	R	3	Actual		
Removal of Reverse - Remove LIS Funding	Adjustment	(840)	R	3	Actual		
Removal of Reverse - Local LIS Funding	Adjustment	452	R	3	Actual		
Acute SLAs to Mainstream	Virement	(79)		3	Actual		TR email 24/06/09
Community SLAs from Mainstream	Virement	40		3	Actual		TR email 24/06/09
Mental Health / LD SLAs to Mainstream	Virement	(57)		3	Actual		TR email 24/06/09
Overseas Visitors NMH - to Mainstream	Virement	(584)		3	Actual		TR email 24/06/09
Specialist Comm. Per SCG	Virement	(1,325)		3	Actual		TR email 24/06/09
CSL addition - to mainstream	Virement	(101)		3	Actual		TR email 24/06/09
Acute Tracker adjustments - to mainstream	Virement	(370)		3	Actual		TR email 24/06/09
Carers Centre 08/09 & 09/10 - to Mainstream	Virement	(45)		3	Actual		TR email 24/06/09
DAAT Funding 2009/10 - to Mainstream	Virement	(221)		3	Actual		TR email 24/06/09
DAAT U/S not fully beudgeted - to mainstream	Virement	(60)		3	Actual		TR email 24/06/09
Director of Stakeholder engagement - to Mgmt	Virement	(120)		3	Actual		TR email 24/06/09
Independent Mental Health Advocacy - to Mainstream	Virement	(44)		3	Actual		TR email 24/06/09
HIS additioanal contract pressures - to Mgmt	Virement	(135)		3	Actual		TR email 24/06/09
PCT Community Contracts to Mainstream	Virement	(65)		3	Actual		TR email 24/06/09
Hornsey Central rent M3 & M4	Adjustment	(177)		4	Actual		PW/DM email 10/8/09
Hornsey Central rent risk insurance	Adjustment	(21)		4	Actual		PW/DM email 10/8/09
Improving Access to Psychological Therpaies (IAPT) Apr 09 - Mar 10	Adjustment	239	NR	4	Actual		30/7/09 Limits report
2nd Year transition to the harmonised prices	Adjustment	(22)	NR	4	Actual		M4 IAT control sheet
A&E/18 week - Incentive Scheme 08/09 Rebate	Adjustment	9	NR	4	Actual		M4 IAT control sheet
IFRS Fees for NORTH MIDDLESEX	Adjustment	13	NR	4	Actual		M4 IAT control sheet
IFRS Fees for Dec08 Restatement	Adjustment	6	NR	4	Actual		M4 IAT control sheet
Dental Access funding from BPCT	Adjustment	139	R	5	Actual		Jim Hayburn (BPCT) email 6/7/09
Investment Funding from M/C P/C and Mgmt	Virement	2,650		5	Actual		PC Email 18/08/09
Investments to Mainstream Commissioning - see attached worksheet	Virement	(3,910)		5	Actual		PC Email 18/08/09
Investments to Primary Care - see attached worksheet for detail	Virement	(333)		5	Actual		PC Email 18/08/09
Investments to Management - see attached worksheet for detail	Virement	(2,000)		5	Actual		PC Email 18/08/09
		12,527					
Ledger (Agresso)		467,145					ok

Appendix 1

Haringey Teaching Primary Care Trust

2009/10 Investments

	£'000	£'000
Commissioning		
Childrens Investments:		
Rapid Response- Child death nurse	53	
Equipment for disabled Children	75	
Health Visiting capacity and regrading	590	
Special schools nursing	92	
Special schools physio therapy	66	
Special schools speech and language therapy	131	
Special nursing including HPV, obesity, and chlamydia	250	
OT capacity	107	
Improve looked after children medicals	120	
Strengthen safeguarding support	112	
GP leads	65	
Specialist medical staff Childrens Development Centre (CDC)	189	
Short breaks for carers and disabled	50	
GOSH management costs	300	
Childrens Investment Subtotal		2,200
Chlamydia screening	117	
Intermediate Care and Rehab, Clinicenta	1,000	
Independent Sector diagnostics, Inhealth	500	
Hospice	100	
Bariatric Surgery	80	
Community Rehab Project NR	(87)	
Other Commissioning Subtotal		1,710
Total Commissioning		**3,910**
Primary Care		
8 til 8 and WIC @ The Laurels	233	
8 til 8 @ Hornsey	100	
Total Primary Care		**333**
Public Health and Management		
Flu pandemic plan	240	
Rio project	370	
Acute agency share of costs	350	
CSL 'the hub'	600	
Choose n Book	40	
Costs of JAR action plan - non recurrent	400	
Total Public Health and management		**2,000**
Total 2009/10 Investment Plan		**6,243**

Lead	Investments	£	rationale	
UBLIC HEALTH AND MANAGEMENT				
EC/FW	Flu pandemic plan	240	need £250k min for Personal Protective Equipment plus £45k for emergency planning coordinator part year effect, funded from vacancies	
JSI	RiO Project	370	Slippage from 08/09 to 09/10 & o/s work from HIS £387k in budgets plus further allocation £370k	
	Acute agency share of costs	350		
	CSL - "the hub"	600		
JSI	Choose n Book	40	40k PM - in post 140k LES (in place)	**Transferred from Primary Care - Expenditure already incurred**
	NR costs of JAR ACTION PLAN	400	Verita costs etc	**Transferred from M/C - Expenditure already incurred**
	totals	**2,000**		
Primary Care				
JSI	Choose n Book	40	40k PM - in post 140k LES (in place)	
JSI	Choose n Book	-40	40k PM - in post 140k LES (in place)	**Transferred to Mgmt - Expenditure already incurred**
JSI	8 til 8 and WIC @ The Laurels	233	Go-live 01/07/09. Need +230k in 2010/11	
	8-8 at Hornsey	100	Commitment in PCS, Polyclinic plan, etc. Part year effect - annual value £200k	
		333		
Commissioning				
CW	Rapid response child death nurse	53	Committed in 08/09 - in the baseline	
DK	Chlamydia screening	117	This is a joint LAA and VSI target and is a priority for NHSH. the additional £267k is still required if we are aiming to hit the new target of 7025 screens (25% of 15-24yo). The national programme estimates a unit cost of approx £45/screen, this equates	
CW	Equipment for disabled children	75	review bt JAR linked	
CW	Health visiting (capacity & regrading)	590	Committed in 08/09 - in the baseline	
CW	Special schools nursing	92	Committed in 08/09 - in the baseline	
CW	Special schools physio therapy	66	Committed in 08/09 - in the baseline	
CW	Special schools speech & language therapy	131	Committed in 08/09 - in the baseline	
CW	School nursing or similar (incl HPV, obesity, chlamydia)	250	to deliver obesity, HPV (not catch up or chlaymdia or Health Huts)	
CW	OT capacity	107	Recruited	
	Total - 08/09 investments	**1,481**		
	EOLC, intermdeiate care and rehab services	1000	gap in service - using Clinicenta	
	Independent sector diagnostics	500	Inhealth	
	hospice tariff	100		
	Specialist medical staff (CDC)	189		
	Short breaks for carers of disabled	50	Specific JAR Action – there will be funding implications for the PCT	
	Total - 09/10 investments - original investment plan	**1,839**		
	Improve Looked After Children Medicals	120	JAR Action	
	Strengthen safeguarding support and and clarify designated and named nurse roles	112	JAR Action -increased cost of potential funding because of request that the Designated Nurse be graded higher)	
	GP LEADS FOR CP - JAR ACTION PLAN	65	Already appointed	
	NR costs of JAR ACTION PLAN	400	Verita costs etc	
	NR costs of JAR ACTION PLAN	-400	Verita costs etc	**Now Management - Expenditure already incurred**
	Community Rehab project non recuring funding included	-87		
	Bariatric surgery	80		
	GOSH management costs	300		
	Total - new proposals	**590**		
	Total Commissioning	**3,910**		
	Total 09/10 Investments	**6,243**		

Funded by reductions in:	
Reserves	
Contracting Reserve	-600
Investment Reserve	-2200
General Reserves	-793
	-3593
Corporate Budget	
Reduction in Social Marketing Cost	-150
Other Corporate Budgets	-200
	-350
Commissioning	
Continuing Care Budgets	-300
Acute Savings	-700
Resolution of acute challenges re 08/09	-1000
	-2000
Primary Care	
Prescribing Budget 1%	-300
Total Funding	-6243

Investment Summary	
Management	2,000
Primary Care	333
Commissioning	3,910
	6,243

Lead	Investments	£	rationale	
UBLIC HEALTH AND MANAGEMENT				
EC/FW	Flu pandemic plan	240	need £250k min for Personal Protective Equipment plus £45k for emergency planning coordinator part year effect, funded from vacancies	
JSI	RiO Project	370	Slippage from 08/09 to 09/10 & o/s work from HIS £387k in budgets plus further allocation £370k	
	Acute agency share of costs	350		
	CSL - "the hub"	600		
JSI	Choose n Book	40	40k PM - in post 140k LES (in place)	Transferred from Primary Care - Expenditure already incurred
	NR costs of JAR ACTION PLAN	400	Verita costs etc	Transferred from M/C - Expenditure already incurred
	totals	**2,000**		
Primary Care				
JSI	Choose n Book	40	40k PM - in post 140k LES (in place)	
JSI	Choose n Book	-40	40k PM - in post 140k LES (in place)	Transferred to Mgmt - Expenditure already incurred
JSI	8 til 8 and WIC @ The Laurels	233	Go-live 01/07/09. Need +230k in 2010/11	
	8-8 at Hornsey	100	Commitment in PCS, Polyclinic plan, etc. Part year effect - annual value £200k	
		333		
Commissioning				
CW	Rapid response child death nurse	53	Committed in 08/09 - in the baseline	
DK	Chlamydia screening	117	This is a joint LAA and VSI target and is a priority for NHSH. the additional £267k is still required if we are aiming to hit the new target of 7025 screens (25% of 15-24yo). The national programme estimates a unit cost of approx £45/screen, this equates	
CW	Equipment for disabled children	75	review bt JAR linked	
CW	Health visiting (capacity & regrading)	590	Committed in 08/09 - in the baseline	
CW	Special schools nursing	92	Committed in 08/09 - in the baseline	
CW	Special schools physio therapy	66	Committed in 08/09 - in the baseline	
CW	Special schools speech & language therapy	131	Committed in 08/09 - in the baseline	
CW	School nursing or similar (incl HPV, obesity, chlamydia)	250	to deliver obesity, HPV (not catch up or chlaymdia or Health Huts)	
CW	OT capacity	107	Recruited	
	Total - 08/09 investments	**1,481**		
	EOLC, intermdeiate care and rehab services	1000	gap in service - using Clinicenta	
	Independent sector diagnostics	500	Inhealth	
	hospice tariff	100		
	Specialist medical staff (CDC)	189		
	Short breaks for carers of disabled	50	Specific JAR Action – there will be funding implications for the PCT	
	Total - 09/10 investments - original investment plan	**1,839**		
	Improve Looked After Children Medicals	120	JAR Action	
	Strengthen safeguarding support and and clarify designated and named nurse roles	112	JAR Action -increased cost of potential funding because of request that the Designated Nurse be graded higher)	
	GP LEADS FOR CP - JAR ACTION PLAN	65	Already appointed	
	NR costs of JAR ACTION PLAN	400	Verita costs etc	
	NR costs of JAR ACTION PLAN	-400	Verita costs etc	Now Management - Expenditure already incurred
	Community Rehab project non recuring funding included	-87		
	Bariatric surgery	80		
	GOSH management costs	300		
	Total - new proposals	**590**		
	Total Commissioning	**3,910**		
	Total 09/10 Investments	**6,243**		

Funded by reductions in:	
Reserves	
Contracting Reserve	-600
Investment Reserve	-2200
General Reserves	-793
	-3593
Corporate Budget	
Reduction in Social Marketing Cost	-150
Other Corporate Budgets	-200
	-350
Commissioning	
Continuing Care Budgets	-300
Acute Savings	-700
Resolution of acute challenges re 08/09	-1000
	-2000
Primary Care	
Prescribing Budget 1%	-300
Total Funding	-6243

Investment Summary	
Management	2,000
Primary Care	333
Commissioning	3,910
	6,243

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Paper for Overview and Scrutiny Committee
21st October 2009

The Development of Unscheduled Care Services in Haringey

Executive Summary

This paper describes unscheduled care services as any unplanned contact with the NHS by a person requiring or seeking help, care or advice. Unscheduled care includes Urgent Care and Emergency Care as well as primary care services such as walk in, extended hours and out of hours services. It addresses the option for re-designing unscheduled care services with a particular focus on the east of the borough and set in the context of the development of an unscheduled care strategy for Haringey.

It describes current service provision in terms of primary care both in hours and out of hours, pharmacy, NHS Direct, North Middlesex Walk in Centre, the emergency departments at North Middlesex and Whittington Hospitals. It sets out a case for change to these services as being a high rate of emergency departments across the borough, resultant pressure on emergency services, inequalities in access, fragmentation of the system causing confusion to both service users and staff and leading to a reduced quality of care.

It describes over arching aims for the improvement of unscheduled care services as

- To ensure that when an individual has a need for unscheduled care or advice, he or she (or a parent or carer) knows who to contact or where to go, receives a prompt and rigorous assessment of their needs and receives the right response to meet it.

- To better meet patients' urgent care needs, improve access and choice through more convenient options for care and help to make services more cohesive so that care is better co-ordinated and the system of care is less complex.

The paper describes a preferred model of care arising from the newly formed Partnership Forum as the establishment of a primary care led urgent care centre as the 'front door' to the emergency department at North Middlesex Hospital also outlining other options of service delivery.

In describing the review of services, consultation and stakeholder engagement to date, NHS Haringey asks the Overview and Scrutiny Committee for advice on further required engagement.

1. Background

Unscheduled care services can be defined as any unplanned contact with the NHS by a person requiring or seeking help, care or advice. It follows that such demand can occur at any time and that services must be available to meet this demand 24 hours a day. Unscheduled care includes Urgent Care and Emergency Care as well as primary care services such as walk in, extended hours and out of hours services.

This paper addresses the option for re-designing unscheduled care services with a particular focus on the east of the borough and set in the context of the termination of both the current out of hours and North Middlesex Walk in Centre (NMWIC) contracts as well as the new build at North Middlesex University Hospital (NMUH).

2. Current Unscheduled Care Service Provision in Haringey

a. GP Practices

Haringey's GP surgeries offer a wide range of services which include advice on health problems, physical examinations, diagnosis of symptoms and prescribing medication and also other treatments. The doctor will usually be supported by a team of nurses, health visitors and midwives, as well as other specialists, including physiotherapists and occupational therapists.

b. GP Out of Hours (OOH) Service

Camidoc, an organisation set up by local GPs, provides unscheduled primary medical care out of hours, Mon-Fri from 18.30 to 08.00 and all hours during weekends and bank holidays for Haringey registered patients from the Laurels and the Whittington Hospital. Camidoc also provides full cover on Wed, Thur and Fri from 1pm for those practices which close for a half-day.

c. Pharmacists

Pharmacists offer advice and treatment for many conditions, including ear infections, coughs, colds, diarrhoea and headaches, on the high street, for all patients. They provide free advice and if appropriate will supply medicine.

d. NHS Direct

NHS Direct is a phone service staffed by nurses and professional advisors, giving confidential healthcare advice and information 24 hours a day. The service provides information to patients and carers regarding illness, on particular health conditions and regarding local health services.

e. Walk in Centre

The Walk in Centre on the North Middlesex hospital site provides nurse led primary care services between 8.00am and 10.00pm Mon –Fri, 8.30 am – 10.00pm weekends and bank holidays.

f. Emergency Department

Haringey residents access emergency services at the NMUH and Whittington Hospitals. These services currently provide a range of care for conditions from mild presentations through to emergency care.

g. Neighbourhood Health Centres

Neighbourhood health centres at Hornsey Central, The Laurels and Lordship Lane Health Centre will be offering extended hour and walk in services between 8.00am and 8.00pm seven days each week.

3. Case for Change

- Haringey has a high rate of emergency department attendances and admissions and the number is expected to increase by around 10% year on year; this situation is not sustainable.
- Up to half of people currently accessing the emergency departments at local hospitals could be treated in community settings if alternative pathways were in place; this places pressure on emergency services and means that patients are not necessarily receiving the most appropriate care.
- There are inequalities across the patch in how patients access and use services, and variations in provision e.g. general practice opening hours, access to community diagnostics.
- The current system is confusing and difficult to navigate especially for users with low levels of literacy, learning disabilities or who have English as a second language/do not speak English.
- The current system is fragmented with potential for duplicating work and for poor transfers of care between its component parts.

NHS Haringey is exploring options for the improvement of unscheduled care services with a view to improving access and addressing health inequalities across the patch within a sustainable framework of delivery.

In line with recommendations from Healthcare for London: A Framework for Action (2009), current best practice models are being evaluated including the model for unscheduled care services at Whipps Cross Hospital and Charing Cross and Hammersmith Hospitals. These models, in line with national guidance, support the delivery of primary care led urgent care centres as the 'front door' to hospital emergency departments.

4. Aims of Unscheduled Care Provision in Haringey

- To ensure that when an individual has a need for unscheduled care or advice, he or she (or a parent or carer) knows who to contact or where to go, receives a prompt and rigorous assessment of their needs and receives the right response to meet it.
- To better meet patients' urgent care needs, improve access and choice through more convenient options for care and help to make services more cohesive so that care is better co-ordinated and the system of care is less complex.

5. Objectives

- make planned appointments more accessible to prevent people having to use unscheduled care services unnecessarily;
- provide patients with better access to more care options such as urgent care services in polyclinics, urgent care centres in hospitals, or telephone advice - and be more responsive to patients' needs and expectations;
- make the system less complex and easier to understand and navigate for patients and staff;
- make the unscheduled care system cohesive, with services working more effectively together to co-ordinate care, improve patients' experience, and make better use of skills and resources;
- and improve standards and quality and ensure greater consistency across services.

6. Review of Services, Consultation and Stakeholder Engagement to date
Unscheduled care formed part of the consultation for the Barnet, Enfield and Haringey (BEH) Clinical Strategy, which agreed the development of urgent care centres on NMUH, Chase Farm and Barnet Hospital sites and is now part of the implementation programme for that strategy.

NHS Haringey has undertaken a series of reviews of unscheduled care use (Hosken 2008, Klynman 2009) describing current provision, access and usage across the Borough with a view to developing an unscheduled care strategy for Haringey. The model described in this paper forms part of the delivery of a wider approach to urgent care including out of hours care, extended hours and walk in services.

In developing this strategy, NHS Haringey has formed a Partnership Forum including the local authority, primary care (Enfield and Haringey), managerial and clinical representation from key secondary care providers (NMUH and the Whittington), HealthLINK, the London Ambulance Service, NHS Enfield and NHS Islington. This has met twice and is scheduled to meet again in November. Its function is to provide advice to NHS Haringey regarding models of service delivery. In addition, a Clinical Advisory group has been established including representatives from primary care, emergency (secondary care) services and public health. This group will assist in developing the clinical service specification for new services.

As the strategy and the model continues to develop, NHS Haringey is actively seeking advice from the Overview and Scrutiny Committee on further engagement strategies.

7. Suggested Model
The following model has been shared with members of the Partnership Forum, who have been asked to advise and comment.

It will be offered in the context of the evolving strategy for delivery of urgent care services which will include

- extended hours GP led primary care walk in services for registered and non registered patients at Lordship Lane, the Laurels and Hornsey central Neighbourhood Health Centres
- the development of an urgent care centre proposed for the Whittington site.

The preferred option is to establish a Primary Care Led Urgent Care Centre at the NMUH site.

Benefits

- This model will divert minor and some standard activity from the Emergency Department at NMUH reducing pressure on the emergency resource and ensuring that it is used more appropriately to support complex patients.
- Patient experience will improve through shorter waiting times and fewer handoffs.
- The model would continue to support local understanding and access to the healthcare system through the hospital site, helping service users with learning and literacy difficulties or difficulties in using the telephone to access healthcare.
- There will be improvements in the management of patients who use the Emergency Department as point of access for long term or minor conditions, ensuring that they are able to access appropriate primary care services such as screening either on site or more locally.
- There will be increased opportunities for assisting unregistered or other patients to access the full range of scheduled primary and social care services which will better support their long term health and well being.

- This model will support changes in clinical practice which will help to deliver care closer to home, reducing unnecessary referrals and admissions to secondary care.
- It will provide an integrated unscheduled care model including OoH care which will benefit patients and reduce safeguarding risks through improved communications between primary and secondary care.
- This model has already been through consultation as part or the BEH clinical strategy and is supported by both this and HfL modelling assumptions. It is supported by both policy directives and emerging best practice.
- It provides a basis for sustainable service delivery within the current financial climate.

Risks

- Relies on appropriate accommodation being made available within the new build at NMUH.
- This model is based on the assumption that some of the existing walk in centre activity will be diverted to the existing or new primary care extended hours practices.
- Clinicians from both primary and secondary care will need to adopt new ways of working and there will need to be a clear interface between the two which appears seamless to the public supported by comprehensive IT.
- The urgent care centre will also need to have a clear interface with primary care services across the patch; this will also require comprehensive IT links.

8. Other Options

Other options presented to the Partnership Forum included a 'do minimum' and also the development of urgent care centres across Haringey.

Option 1: Do minimum.

This option describes the continuation of the existing model of care with no re-provision of primary care services on the NMUH site. An assumption has therefore been made that current walk in centre activity will be distributed between extended hour and walk in primary care centres at the neighbourhood health centres and the planned emergency department.

Benefits

- Clinical outcomes will remain unchanged.
- The model would continue to support local understanding and access to the healthcare system.

Risks

- This model will increase activity in the Emergency Department at NMUH above that planned for through the BEH Clinical Strategy implementation. This will increase pressure on the emergency resource.
- Patients will wait longer for treatments.
- Unplanned increased activity will lead to longer waiting times, possibly in excess of 4 hours.
- There will be no improvements in the management of patients who use the Emergency Department as point of access for long term or minor conditions.
- There will be reduced opportunities for assisting unregistered or other patients to access the full range of scheduled primary and social care services which will better support their long term health and well being.
- Poor communications between teams may affect patient care or experience and lead to increased risks around safeguarding.
- This model is not sustainable in light of the present financial climate.

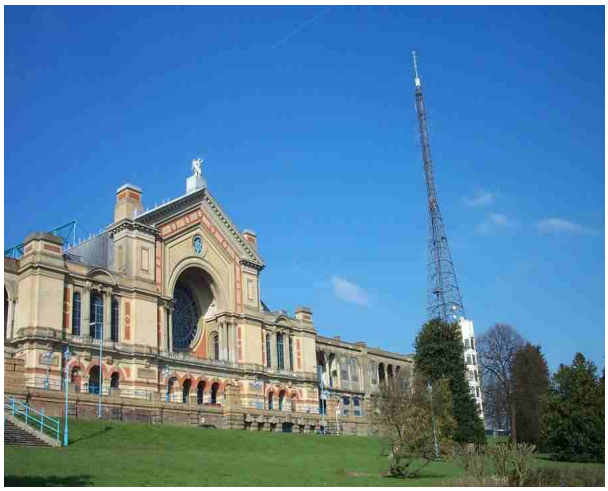
Option 2 Urgent Care Centre/s developed across Haringey.

Benefits

- This model will divert some minor and some standard activity from the Emergency Department at NMUH.
- There will be a reduced risk of breaching the four hour waiting times target compared to option one but not compared to option two.
- Patient access/experience will be improved through providing care closer to home.
- There will be some opportunities for assisting unregistered or other patients to access the full range of scheduled primary and social care services which will better support their long term health and well being.
- This model will support some changes in clinical practice which will help to deliver care closer to home, reducing unnecessary referrals and admissions to secondary care.
- It provides a basis for sustainable service delivery within the current financial climate.

Risks

- Patients will continue to use hospital as 'first point of contact'; the model would require changes to local understanding and access to the healthcare system.
- There will be limited opportunities to improve the management of patients who use the Emergency Department as point of access for long term or minor conditions.
- Clear protocols will be required to ensure patients are directed to right services in order to avoid duplication
- Requires comprehensive and shared IT system to support transfers of care
- Poor communications between teams may affect patient care or experience and lead to increased risks around safeguarding.



Haringey LINk
Local Involvement Network

Annual Report 2008/2009

Contents

Welcome and Introduction

Welcome to our first annual report. We have been busy working with the new structure – LINk - that replaced Patient/Public Involvement Forums. Luckily many of our members stayed on to bring their expertise to LINk and helped to guide us during the very early days. It also meant we could continue to provide patient/public input to the two acute hospitals that serve Haringey as both representatives became part of the Haringey LINk. And those who monitored NHS Haringey have also stayed so their knowledge has been very useful.

Of course with a LINk we now combine health and social care. Social care is a very big area and touches all our lives but it makes sense to do these together as many services have an element of each. For instance, care homes come under health and social care. An important part of LINk is that it is all-embracing. Whoever you are there is something you can contribute to your local LINk. Just staying in touch with what's going on may be enough or maybe you want to help with one of our projects.

We welcome anyone and that is what I would like this introduction to be about. We have started to work as LINk but we need the input and interest of anyone with an interest in Haringey's health and social care. Later on in the annual report there's a section on getting in touch. I hope you will do just that.

Helena Kania
Acting Chair

Haringey Facts and Figures

(figure 1)

- Haringey is located in the north of London and has an area of just over 11 square miles.
- Nearly half of its 224,700 population people come from ethnic minority backgrounds.
- The borough has 19 wards.
- Although the borough does not have an acute hospital of its own, it is served by hospitals in the neighbouring boroughs of Enfield and Islington, by the North Middlesex Hospital and the Whittington hospital respectively. It also has St Ann's hospital which serves the mental health trust.

What is a Local Involvement Network?

LINks have been set up to give communities a stronger voice in how their health and social care services are delivered. Run by local people and groups, the role of a LINk is to:

- Promote and support the involvement of people in the commissioning provision and scrutiny of local health and social care services

- Enable people to monitor and review the commissioning and provision of local care services relating to:
    - The standard of provision
    - Whether and how local care services could be improved
    - Whether and how local care services ought to be improved

- Obtaining the views of people about their needs for and their experiences of local care services

- Making such views known and making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local care services.

Steering Group members / Named Representatives

Name of member	Organisation / Association
Helena Kania (acting chair)	Individual / Ex PPI
Janet Shapiro	Muswell Hill and Highgate Pensioners
Lauritz Hansen-Bay	Haringey Forum for Older People Safeguarding Adults representative
Faridoon Madon	Individual / Ex PPI / Ex CHC
Margaret Fowler	Muswell Hill and Highgate Pensioners
Maureen Carey	Individual / Community Advocate
Peter Smith	PRF North Middlesex Hospital
Joyce Aslan	PRF North Middlesex Hospital
Etta Khwaja	Individual / Ex PPI / Ex CHC
Pam Moffatt	Age Concern Representative
Sebastian Mani	Individual / Ex PPI
Lucia Dube	The African Child (BME Carers Group)
Jackie Clark	BEH Mental Health Trust
Jane Gaffa	BEH Mental Health Trust
Padma Shrestha	Friendship Global and Nepalese Health Network
Angie Buzzacott	Homes for Haringey
Natasha Posner	RCN Institute

Dilo Lalande from NHS Haringey attends LINk meetings as an observer. Nancy Augustt and Anna O'Brien from NHS Haringey also attend some LINk meetings.

Named Representatives

The Steering group approved Joyce Aslan as the LINk representative for the North Middlesex Hospital and Helena Kania as the LINk representative for the Whittington Hospital

The Early Days
People who helped develop the LINk between April 2009 and June 2009: Maureen Dewar, Etta Khwaja, Faridoon Madon, Jenny Privett, Sebastian Mani, Helena Kania, David Hindle, Peter Smith and Susan Parishar. Sadly Maureen Dewar passed away earlier this year. She is greatly missed by all who worked with her.

Getting In Touch:
Contacting the LINk and the Host

LINk Address	Host Address
Haringey LINk 3rd floor Wood Green Central Library High Road N22 6XD Phone: 020 8888 0579 Email: haringeylink@shaw-trust.org.uk	Shaw Trust 3rd floor Wood Green Central Library High Road N22 6XD Phone 020 8888 0579 Email Peter.durrant@shaw-trust.org.uk

Each borough has a LINk, and each LINk is supported by a Host Organisation whose role it is to:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services
- Enable people to monitor and review the commissioning and provision of local care services
- Obtain the view of people about their needs for, and their experiences of, local care services
- Make these views known and submit reports and recommendations about how local care services might be improved

The Haringey LINk Host is supported by two full time staff.

The Host office is conveniently located at the Wood Green Central Library, which is the busiest Library in the borough seeing approximately 6000 people going through its doors each day. Situated on the High Street in Wood Green, it is well served by public transport including the London Underground (Wood Green) as well as many London bus routes with direct buses through out Haringey as well as other important parts of London including the West End.

Setting up the LINk: The early days

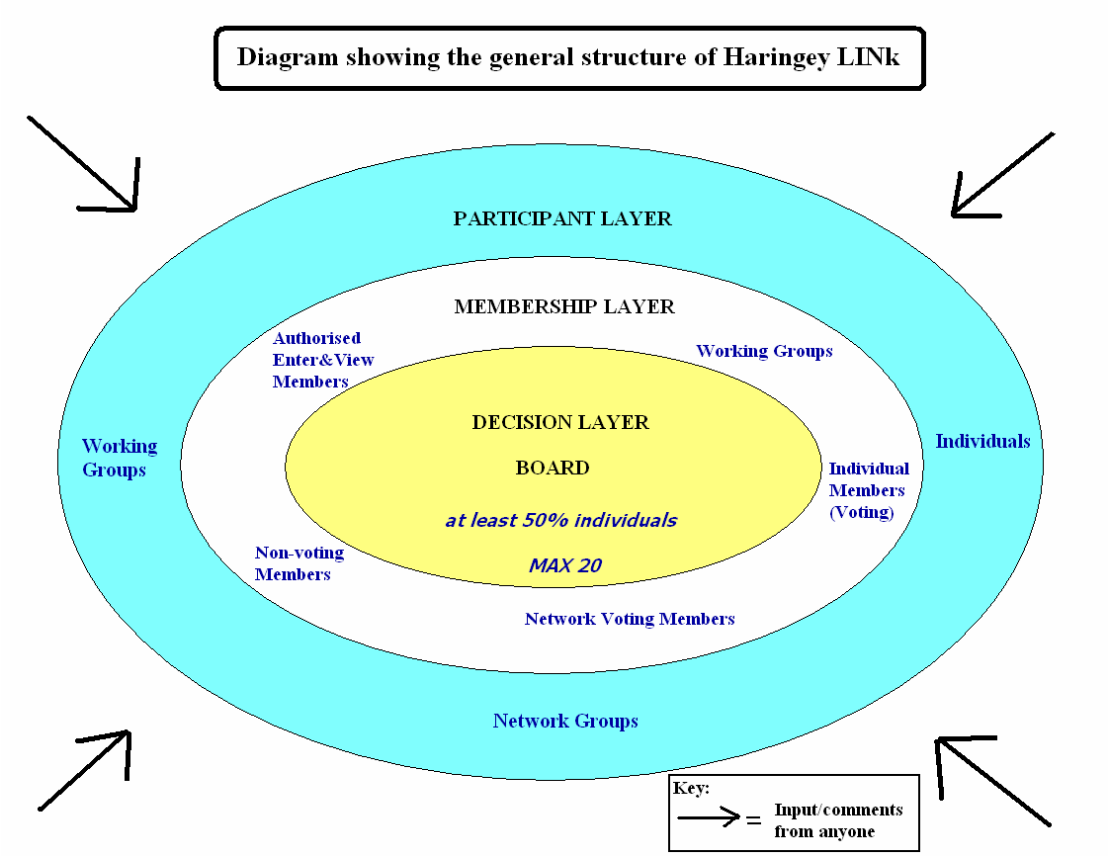
Community Investors Development Agency was appointed as the interim host covering the period from 1 April to 30 June 2008, supporting a shadow LINk made up of former members of patient and public involvement forums serving Haringey. A much larger database of contacts was developed, including local community and voluntary organisations, and information on what the LINk could do and how to get involved was distributed widely.

An interim code of conduct was drawn up, a summary of legacy issues passed on by PPI forums produced, briefings on social care circulated and further concerns identified which the LINk might address. E-bulletins were sent out to individual and group contacts updating them on LINk development and local health and social care issues.

Statutory partners were also informed about the interim LINk arrangements, and how in the longer term they could work with the LINk to strengthen involvement and improve services. A list of authorised representatives with CRB clearance was maintained, but during this period no urgent concerns arose requiring a formal visit.

Setting up the LINk: The first months

As with any group setting up from scratch, LINk had to consider how to structure the LINk to work. We looked for a simple structure that would not exclude any level of participation but could respond easily to projects or a full work plan. After discussion with the steering group we adopted a fairly flat structure (see figure 2) which allowed voting members, non-voting members, and participants to interact at whichever level they chose. Everyone could choose a spot in the structure where they felt comfortable.



(figure 2)

We developed governance documents to include a code of conduct for all members and some simple terms of reference. These should be finalised early summer.

An early project with NHS Haringey involved a LINk representative providing general public/patient input to the re-accreditation process for GPs providing special services – minor surgery, dermatology and musculo-skeletal services. The LINk rep also sat on two re-accreditation panels and will be following the process into next year to ensure any actions agreed are followed through. NHS Haringey invited LINk participation in the process and from our joint work we hope to see a better patient experience for patients visiting these GPs as well as strong controls on contractual requirements such as GP training.

The Haringey Overview & Scrutiny Committee (OSC) invited LINk to jointly prepare, present and facilitate an Annual Health Check Day for any interested group in Haringey. The day was very well attended and LINk facilitated 4 of the 8 sessions which provided feedback on the performance of NHS Trusts serving Haringey – NHS Haringey, Enfield, Barnet & Haringey Mental Health Trust, the Whittington Hospital and North Middlesex University Hospital.

LINk Meetings

The LINk Steering Group has held monthly meetings. Three working groups were also created:

- Governance working group
- Marketing working group
- Access to local services working group

LINk members also attended other local and national meetings including trust board meetings and Haringey Overview and Scrutiny meetings.

LINk Training

LINk Steering Group were offered training to help support them with the public events scheduled such as the LINk Awareness Events and the Annual Health Check Event

Holding public events
The purpose of the LINk public events training was in preparation for the LINk awareness events held in February and March. The training was organised for members of the Steering Group and covered an overview of the LINk, activities and issues that the LINk may deal with as well as covering how to deal with the public and being prepared for likely questions

Events

LINk Awareness Events
During February and March 2009, the LINk held a series of public events at a number of locations around Haringey in order to promote the LINk of the work and widen the membership of the LINk. The events were an opportunity for local residents to find out more about the Haringey LINk and also feedback to the LINk any views or experiences they had on their local services.

Organisations Joined
The LINk joined the National Association of LINk Members (NALM). NALM is an association of people who are active, experienced and expert in patient and public involvement. Individual LINk members as well as LINk networks can be members of NALM.

North Middlesex University Hospital NHS Trust
Joyce Aslan as the LINk representative for the North Middlesex Hospital has written the following report about activities up till the end of March 2009.

"The Patients Representative Forum at the North Middlesex Hospital, previously the PPI Forum, is affiliating to Haringey LINKS and to Enfield LINKS. We work in the hospital, visiting the wards, talking to patients and reporting on problems as well as areas of excellence. We meet twice monthly, invite speakers to inform us where we feel we lack information, and report on difficulties to the Deputy Nursing Director, who attends one of our meetings monthly.

He takes concerns away and reports on progress at the next meeting. We have free access to all areas of the hospital, and talk to staff at every level. We therefore are well placed to detect matters of concern to patients, as well as areas of good practice. We have been instrumental in the introduction of Steamplicity, a system whereby each patient has a freshly and individually cooked meal twice a day, red trays indicate patients who need help with eating, and protected mealtimes, where visitors are discouraged from wards to enable patients to enjoy a meal in peace.

We are about to join with Enfield LINKS to conduct a survey of meals in North Middlesex, Chase Farm, Barnet, and the Mental Health Trust. At the moment, we are inviting speakers to inform us in the field of social care; this impacts on our activities mainly in the field of discharge procedures, and the role of carers."

The Whittington Hospital NHS Trust

Helena Kania as the LINk representative for the Whittington Hospital has written the following report about activities up till end March 2009.

"I attend the Board meetings once a month as observer with the right to ask questions. I also meet monthly with the Director of Primary Care to discuss any issues either of us wishes to bring up. Much of the Board's time in that year was taken up with the Foundation Trust (FT) application which was delayed more than once by financial performance and the need for a more robust business plan. Finally the hospital decided to put the application on ice whilst dealing with the more challenging economic conditions. Part of the process resulted in disbanding the Patient Experience Review Group, the intention being to replace the Group from elected governors in the new FT status hospital. No LINk membership was sought at the time.

A new Day Treatment Centre (DTC) opened in May 2008 where day surgery cases were referred by local GPs and hospital doctors. Coupled with the new building on Magdala Street this DTC has

made a great difference to patients' and visitors' views of the cleanliness and friendliness of the hospital. More plans included the relocation and modernising of the Maternity Day Unit. Last year was not so good for the MRSA infection rates at the Whittington – their target of a maximum of 15 cases was exceeded and ended up just over 20 by year end. C.Difficile was well controlled and only 54 cases were recorded against a maximum target of 109. The Hospital has worked hard to bring MRSA rates down – intensive cleaning hands campaigns, spot inspections by matrons, individual analysis of each infection. As LINk we are very sorry to see Whittington did not get accepted as a nominated local stroke unit. When the Healthcare Commission visited in July 2008 they recorded a strong performance from the Whittington and the Healthcare Commission rating for the previous year gave the Whittington a "Good" for both service quality and use of resources. As LINk we continue to encourage The Whittington to concentrate on quality as well as financial performance."

Community Engagement

Outreach is vital for a project such as Haringey Local Involvement Network as it is all about involving members of the community, listening to what they have to say about Health and Social Services and together improving these services.

Early on the LINk identified the community groups in Haringey, as well as the services available in Haringey, and also identified

During February and March 2009, Haringey LINk held a series of promotional events around Haringey, open to everyone, to promote the LINk and recruit members. In order to gain interest in these events a number of outreaching activities were carried out before each event. These included manning stalls in Wood Green Central Library, Highgate Library, Hornsey Library and St Ann's Library. Adverts were placed in the local newspapers; the Ham & High newspaper & North London Journals, Haringey Independent and Hornsey Journal. Leaflets were posted to residents as well as being distributed by hand around the borough including Wood Green, Hornsey, Seven Sisters, Muswell Hill and Highgate and left in Dentists, doctor surgeries, hairdressers and cafes.

Local voluntary organisations around Haringey were contacted by the LINk about the events. The events held by the LINk were well attended and people's views and experiences gathered at these events have been used to identify local issues which will contribute towards the LINks priorities and work plan.

Requests for information and Referrals to the OSC

No referrals have been made by the LINk to the Haringey Overview and Scrutiny Committee

Required Performance Statement	Outcome / Response
How many requests for information were made by the LINk to services – commissioners and providers	Each major health and social care trust serving Haringey was written to by the LINk at the end of March, at which point the LINk were awaiting responses (still within the 20 day response period)
How many referrals were made to the Overview and Scrutiny Committee (OSC)	None during this year – However the LINk had established a good relationship with the OSC and are looking at having a LINk member co-opted on to the OSC
How many reports or recommendations were made to commissioners of services	None made during the year
Which premises, owned or controlled by a service provider, were entered and viewed by an authorised representative of the LINk	None during this year. Enter and view training sessions are planned for LINk members from July 2009

LINk Finances

April 2008 to June 2008

Total human resource cost including development staff cost and outreach in the period amounted to £24,399. Overheads and other direct expenditure for the Interim Host LINk activity in the period amounting to £5,601 was expended on: *general overheads (£2,076)* covering office premises, and volunteer management system cost; and n*etwork support costs (£3,525)* covering meeting facilities, events, stationary and postages, production of press and publicity materials including e-bulletin.

July 2008 to March 2009

The Host organisation (Shaw Trust) received £112100 from Haringey Council.
Of which the host spent £72906 on Staff Costs, Office premises, Administrative expenses and the LINk Discretionary Budget.

The next 12 months

There's a full programme ahead starting with elections to open up the Steering Group membership and increase the number of members so more projects can be handled. A work plan for the year will be finalised and will include time for checking on premises delivering NHS and social services.

Training for "Enter & View" is scheduled for the early part of the year. As part of the learning process we intend to invite guest speakers from health and social care sectors to talk about their work and answer questions.

We will complete the audit of all services provided by NHS Haringey and the Department of Social Services as this will be our foundation for all LINk work. Until we know everything that is being provided we cannot be sure of covering Haringey's needs.

Throughout the year there will be consultations to comment on, such as the follow-up to Stroke/Trauma centres in London. We intend to try and get LINk representation with voting rights, if possible, on the strategic committees that make the early decisions on how health and social services develop. Our other large project will be to reach out to parts of the community who aren't often heard.

Understanding the Jargon

Here is a list of the more frequently used abbreviations and what they mean:

DoH	Department of Health
Host	the organisation supporting the LINk
JSNA	Joint Strategic Needs Assessment
LINk	Local Involvement Network
NALM	National Association of LINk Members
OSC	Overview and Scrutiny Committee
PALS	Patient Advise and Liaison Service
PCT	Primary Care Trust
PPI	Patient and Public Involvement

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
THURSDAY, 1 OCTOBER 2009

Councillors Councillors Bull (Chair), Adamou (Vice-Chair), Adje, Aitken, Mallett, Newton and Winskill

Apologies J. Ejiofor, S. Marsh and M. Jemide

Also Present: Yvonne Denny and Helena Kania (Local Involvement Network (LINk))

In Attendance: Councillor Wilson and Council Officers

MINUTE NO.	SUBJECT/DECISION
OSCO01.	**WEBCASTING** It was noted that the meeting would be web-cast for future or live broadcasting on the Council's website.
OSCO02.	**APOLOGIES FOR ABSENCE** Apologies for absence were received from School Governor Co-optees Joseph Ejiofor and Marcelle Jemide and Councillor Matt Davies, primary signatory on the call-in request form.
OSCO03.	**URGENT BUSINESS** There was no urgent business.
OSCO04.	**DECLARATIONS OF INTEREST** Councillors Bull and Winskill declared personal interests as they were Haringey leaseholders. Councillor Aitken declared a personal interest as he was a Haringey Council Tenant. Councillor Bevan declared a personal interest as the Cabinet Member for Housing who helped to set up the Arms Length Management Organisation (ALMO).
OSCO05.	**CALL-IN OF DECISION OF THE CABINET OF 8TH SEPTEMBER 2009 REGARDING CAB59 - REVIEW OF THE DECENT HOMES PROGRAMME, PREPARING FOR HFH AUDIT INSPECTION AND REVIEW OF THE MANAGEMENT AGREEMENT** This special meeting of the Committee was called to discuss the call-in of Cabinet decision CAB59 - Review of the Decent Homes Programme, preparing for Homes for Haringey Audit Inspection and

Review of the Management Agreement.

A decision on the item had been taken at Cabinet on 8th September 2009 and had been called in, in accordance with the provisions set out in the Council's constitution, by Councillors Davies, Wilson, Hare, Beacham and Engert.

The Committee noted that the Monitoring Officer had ruled the call-in request valid as it met all the six essential criteria:

1. it was submitted and signed by 5 Councillors
2. it was received by the Head of Democratic Services by 10.00 a.m. on the fifth working day following publication
3. it specified the decision to be called in
4. it specified whether the decision was claimed to be outside the policy/budget framework
5. it gave reasons for the Call-In and outlined an alternative course of action
6. the original decision had not been subject to the urgency procedures required in paragraph 18 of the Rules.

Councillor Richard Wilson addressed the Committee to introduce the reasons for the call-in including that despite there being a previous decision to work to a minimum stock condition standard the expensive IRS system and pitched roofs had been installed. The process was not viewed to have been transparent and there had been a failure to adequately consult with leaseholders and the decision taken by the Housing Management Board in 2005 had not been within the Board's decision-making power.

Councillor Wilson urged the Committee to refer the issue back to Cabinet or on to Full Council so that a revised scheme for Decent Homes could be adopted including improved consultation with leaseholders and the opportunity for leaseholders to opt-out of the IRS installation system.

The Committee noted that if leaseholders were allowed to opt-out in the future they would have to agree not to install satellite dishes on Council buildings.

The Committee noted the comments of Anne Goodhew (Vice-Chair of Homes for Haringey Leaseholders Panel) and Anne Crellin (Haringey Leaseholder Association Committee Member) supporting the call-in and highlighting that Haringey's charges for a digital aerial system were higher than neighbouring boroughs, which also provided their leaseholders with the option of opting-out of the scheme. Ms Goodhew and Ms Crellin expressed the opinion that leaseholders felt they had not been adequately consulted and had been charged between £200 and £1100 for Decent Homes work. They requested that Haringey capped the fee to leaseholders for the installation of digital aerials at £300.

The Committee noted the comments of the Council's Senior project

Lawyer and the Chief Financial Officer and their ruling that the Cabinet Decision had been within the policy and budget framework. The installation of digital aerials was additional works to the Decent Homes programme although works had been conducted at the same time which ensured efficiency and value for money. The additional work was funded by the Capital Programme. The Senior Project Lawyer explained to the Committee that the original decision taken by the Cabinet in respect of the decent homes standard did not prevent the Council carrying out other works at the same time.

The Committee expressed concerns that leaseholders thought that the billing for Decent homes work and IRS installation work on the same invoice was unclear. The Director of Asset Management explained that for efficiency the two items had been billed on the same invoice.. During consultation estimated costs for works had been provided to leaseholders and were close to the final invoiced amount. The Committee noted that if costs were to exceed the estimate by more than 15% the Council would consult with leaseholders.

The Committee was informed that the Decent Homes Gateway Review report which contained details about the potential £26 million overspend had been made available to the Homes for Haringey Board and the new Decent Homes Board during June and July 2009. Some Committee Members felt that this report should have been made available to Full Council.

The Cabinet Member for Housing addressed the Committee emphasising that leaseholders had been fully consulted on the specifications for Decent Homes works and the installation of IRS systems and highlighted that Haringey offered a range of payment options for leaseholders.

Following the withdrawal of the Cabinet Member, the Committee discussed the proposals. The Committee expressed concerns that the IRS system was installed in housing blocks that were already served by cable television. The Director of Asset Management explained that the Council was required to replace analogue systems, which meant anyone without IRS and not subscribing to satilite or cable television would be unable to receive free to view television channels.

The Committee noted that the IRS installation scheme had begun before the Decent Homes work had started and the decisions to install pitched roofs had been for reasons of sustainability and value for money.

The Head of Housing Strategy, Development & Partnerships emphasised that the Decent Homes Board meeting on 9th October 2009 will receive an independent review report on the progress of the Decent Homes Programme and a report about the potential for further procurement efficiencies. The Committee noted that the Council adopted the aspirational standards of the Decent Homes Programme where it made efficiency savings in other areas.

The Committee was informed that the Cabinet was updated on the Decent Homes Programme every 6 months and that the Decent Homes Board (a non-decision making body) had been established and received updates every 2 months.

Councillor Bull MOVED a motion that the decision be regarded as being inside the Council's policy and budget framework. Following a vote, the motion was CARRIED.

Councillor Bull then MOVED a motion that the original decision be referred to Full Council. Following a vote the motion FELL.

Councillor Winskill then MOVED a motion that the original decision be referred back to Cabinet. Following a vote this motion FELL.

Councillor Bull then MOVED a motion that no further action be taken in respect of the decision, thus allowing it to be implemented immediately. Following a vote, the motion was CARRIED.

RESOLVED

i. To take no further action in respect of Cabinet decision CAB 59, Review of the Decent Homes Programme Year 1, with the following recommendations to be made to the next meeting of Cabinet.

ii. That the Overview & Scrutiny Committee receive regular reports, the first at its meeting on 26 October 2009, on the progress of the Decent Homes Programme and including an update on any recent decisions taken in respect of the programme. The report to include detail on spend to date and to investigate and report on the feasibility of including opt-out options for leaseholders in respect of the IRS system.

iii. The Cabinet receive reports when the Haringey aspirational standards are implemented in conjunction with the Decent Homes Programme and how they are funded.

iv. To recommend that Homes for Haringey carry out a review of the consultation process with leaseholders.

COUNCILLOR GIDEON BULL

Chair

The meeting ended at 20:45 hrs

Councillor ……

Chair

Dated ……

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