



Special Overview and Scrutiny Committee

WEDNESDAY, 28TH JULY, 2010 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Browne (Vice-Chair), Alexander, Basu, Ejiofor, Newton and Winskill

Co-Optees: Ms Y. Denny (church representative), 1 Church of England vacancy, Ms M Jemide (Parent Governor), Ms S Marsh (Parent Governor), Ms S Young (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

It being a special meeting of the Sub Committee, under Part Four, Section B, Paragraph 17, of the Council's Constitution, no other business shall be considered at the meeting.

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. NHS HARINGEY UPDATES (PAGES 1 - 8)

To receive the report from NHS Haringey updating on the overall current position for the NHS and Haringey specific issues.

Please note that under the Council's Constitution, Part 4, Section B, Paragraph 17 no other business shall be considered.

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Thursday 15th July 2010

**NHS HARINGEY BRIEFING PAPER FOR OVERVIEW AND SCRUTINY
COMMITTEE MEETING WEDNESDAY 28 JULY 2010****Introduction**

The overview and scrutiny committee is holding a special hearing on health issues in Haringey on 28 July. This paper gives a brief overview of the issues that the committee wishes to discuss.

Implementing polysystems in Haringey

NHS Haringey continues to press ahead with its primary care strategy to provide more healthcare services in the community through three separate but interlinking polysystems.

NHS Haringey has worked closely with GPs in the borough to develop our four GP commissioning collaboratives. Each collaborative is led by a clinical director and has a clear role as a commissioning body in the borough. They are known as the West, South East, North East and Central collaboratives. The collaboratives have their own commissioning budget and receive monthly finance, activity and performance reports, and are supported by NHS Haringey commissioning staff.

Each collaborative has produced Neighbourhood Development Plans (NDP), which detail the specific health needs for their local population and identify gaps in provision and where services need to be realigned or transformed to meet the needs of local people. In response to the NDP's, each collaborative has also produced a detailed locality commissioning plan which include new clinical pathways which will support the transformation of local health services.

Because the four commissioning collaboratives have been extremely successful in gaining buy in from local GP's and are fully engaged in transforming local services, NHS Haringey is keen to maintain their operation for the time being. We see these four collaboratives as the commissioning bodies responsible for commissioning the polysystems for their local population – GPs working together to commission the services they need to meet the needs of their local population in a defined area. A key element of this will be working closely with the local authority and commissioning the necessary services from the organisation.

While NHS Haringey is keen to support the continuation of our commissioning collaboratives, we recognise it is not affordable or sustainable to mirror these with four fully functioning provider polysystems. As a result it has been agreed that the commissioning collaboratives will commission services from three provider polysystems. Of course, due to patient flows, other economies and scale and differing clinical expertise, we know that the commissioning collaboratives will also commission services from other polysystems across the NCL sector. The four commissioning polysystems and the three provider polysystems will work together as follows:

The West commissioning collaborative will commission services from the West provider polysystem, with Hornsey Central acting as the hub. The collaborative will also use the polysystem based around the Whittington for some more specialist services.

The North East commissioning collaborative will mainly commission services from the North East provider polysystem. The Spurs/North Middlesex hub is the polysystem hub for this area.

The South East commissioning collaborative will mainly commission services from the South East provider polysystem (although will use the North East polysystem for some more specialist services). The Laurels/St Ann's is the hub within this area.

The Central commissioning Collaborative, will commission services from both the North West and South East provider polysystem. Although the Central collaborative does not have its own dedicated hub, after much discussion it was decided that it would continue and not be merged with the north and south eastern collaborative groups.

Instead, the central collaborative is utilising new technologies to join services together (GP's etc) and communicate with patients as this resident population is characterised by being highly mobile and more IT literate than others areas within Haringey. We have established good IT systems based on Emiss and EMIS web. This has proved popular with patients who can book appointments and order prescriptions on line. They can also use the touch screens in surgeries to navigate within the surgery itself. This model is supported by patient flows and feedback from patient panels in the area.

NHS Haringey budget 2010/11

The NHS has been extremely fortunate in recent years to have experienced year on year growth in money to invest in health services, and this additional investment has made a real difference to health services in Haringey.

Over the last two years, NHS Haringey has been able to improve the way we safeguard vulnerable children in the borough, with these improvements welcomed by Ofsted in their inspection of safeguarding arrangements in Haringey which took place earlier this year. We have also been able to invest in our network of neighbourhood health centres across the borough as part of our 'going local' strategy to provide more healthcare services in the community. By working closely with GPs, the GP commissioning collaboratives and other healthcare providers we have been better able to target services to meet local needs and so reduce health inequalities in the borough.

But at the same time that we have been working hard to improve the delivery and effectiveness of health services in Haringey, so the demand for the use of these health services has continued to rise. This means that although there has been a real increase in our budget for 2010/11, the increase in demand for services means we have had to make some hard choices about the individual services that we support. Ultimately we need to ensure we focus on our key priorities to make people better when they are unwell.

All decisions over funding have therefore been made using the following criteria:

- Support our 'going local' strategy to deliver more services in the community, because this is what patients and GPs want;
- Services are delivered efficiently and cost effectively, because in today's financial climate we have a duty to ensure that every penny counts towards providing the best possible health outcomes in Haringey; and
- Support the coalition Government's vision for the NHS, and in particular their wish to see GPs leading on the commissioning of healthcare services for their patients.

Attached at the back of this paper is a table setting out the budget and savings plan for 2010/11. Much of the savings in the acute area depend on the transfer of services out of hospitals and into our health centres. Although this work is progressing, it is not taking place at the rate we had originally planned which means it will not deliver the savings we had originally anticipated.

Together with emerging acute hospital over performance on certain services which we are now reliant on the sector agency to address, we are heading for a significant underachievement on our savings plans. This means in order to deliver a balanced budget we will need to achieve the savings in other areas of our work.

NHS North Central London and the NCL review of acute services

A new organization NHS North Central London has been set up to coordinate and support the commissioning work of the five PCTs in its area – Haringey, Barnet, Enfield, Islington and Camden. These changes are designed as a transitional state pending further announcements of the new Government.

NHS NCL is putting together a set of objectives for the sector which will clearly set out the activities that will take place at a sector level and those that will take place at a PCT level.

The Secretary of State has announced a review of Healthcare for London which will have important implications for NCL review of acute services in the sector. NHS NCL will need to make sure its strategy and service development work meets tests related to evidence base, engagement of GP commissioners, patients and local authorities, and to the promotion of choice.

Other key areas of work are:

- Health improvement – where the majority of work will be undertaken by each PCT in their borough
- Financial Management – each PCT has an agreed control total and this gives the overall total for North Central London. To achieve this it will need to focus efforts on demand management and savings programmes across the health economy
- Polysystem development – providing more services in the community so that hospitals can concentrate on the things they do best
- Engagement and consultation – with clinicians, particularly GPs as commissioners, patients, public, Links, Local Authorities etc
- Enabling Strategies – a focus on we make changes in the workforce, estates and IT to support improvements in health and healthcare services

- Quality and Performance Management – we need to make sure we continue to commission high quality services which meet national and local expectations
- Implementation of Sector Arrangements – so as to support our commissioning arrangements and drive the delivery of these objectives

Low priority treatments

Low priority treatments are treatments where in the majority of cases evidence shows that there is little benefit to the patient in having the operation. The five primary care trusts that comprise of the NHS North Central London Sector have agreed a list of 25 clinical procedures that are either not cost effective or clinically effective. NHS Haringey spent over £3m last year on these procedures.

Of course there will be occasions where there is strong evidence that an individual could benefit from such an operation, and we have issued guidelines to GPs on how to refer these patients to hospital for treatment. The guidelines are available on NHS Haringey's website for health professionals and patients.

We will be asking GP with special interests not to perform any low priority minor surgery procedures and also review the specifications of the Minor Surgery Directed Enhance Services in line with the sector policy for low priority treatments.

Review of mental health services

Due to the current financial climate there are limited opportunities for new investment, yet the need to improve the range of mental health services, access to them and their quality remains a challenge.

The three local commissioning organisations (NHS Barnet, NHS Enfield and NHS Haringey) and the Mental Health Trust have agreed to work collaboratively to bring about whole system change to deliver significant improvements in service provision. These changes are consistent with all national and local strategies, such as new horizons and "getting better". For example we want to:

- reduce the time people stay in acute beds ;
- have more people supported in non acute settings;
- Improve how people move through the system and reduce duplication;
- improve value for money, e.g. on accommodation and specialist services.

We intend to improve services through a Transforming Mental Health programme. It will match best practice to local need, retaining the many good elements of current services where we can, and ensure value for money by:

Meeting needs earlier: refocus prevention programmes to help people (including health professionals) identify risk earlier, and work with providers so that people receive service more swiftly.

Learning from the best: looking and learning from models of care that work well elsewhere so that we improve services locally.

Developing more community services We know that service users and their carers prefer community-based services rather than hospital care. Some acute inpatient services will always be needed but we will balance this with more services in community settings so that people are supported to live independently.

There are a number of projects that support this programme and these have been divided between the following nine work streams:

- Community Mental Health Teams (CMHTs)
- Whole system Dementia Pathway
- Continuing Healthcare
- North London Forensic Service (NLFS)
- Children & Adolescent Mental Health Service (Tier 4)
- Substance Misuse and Alcohol patients
- CAMHS and Eating Disorder Services (EDS)
- Developing Crisis House capacity
- Brain Injury Rehabilitation Unit (BIRU)

White Paper on the NHS

In launching the White Paper 'Equity and excellence: Liberating the NHS' Health Secretary Andrew Lansley said that the Government's vision will put patients at the heart of everything that we do, giving them more choice and the information they need to be able to exercise that choice.

The key proposals in the White Paper are:

- **GP commissioning consortia** – there are plans to create an independent National Commissioning Board for the NHS. The Board will allocate money to local GP consortia for them to use to commission local health services and take on responsibility for spending much of the NHS budget. GP consortia (clusters of GP practices) will be fully in place by 2013 and are expected to be statutory bodies of significant size.
- **Public health and health improvement** - will transfer to local authorities and be supported by a central public health service; a Public Health White Paper is due in late 2010.
- **Hospitals** – will be encouraged to move outside the NHS to become social enterprises. All providers will need to become, or be part of, foundation trusts.
- **Patients** – will be given more information and choice, including the ability to register with any GP they want to.
- **PCTs and SHAs** - the Government proposes that PCTs will cease to exist from April 2013 in light of these changes and the successful establishment of GP consortia. SHAs will no longer exist from 2012/13. In the meantime, these organisations will have important roles to play in supporting the NHS through a period of change.

The Government is consulting on how best to implement the changes set out in the White Paper. More information can be found on the Department of Health's website: <http://www.dh.gov.uk/en/Publichealth/LiberatingtheNHS/index.htm>

While the vision is clear and ambitious, it will be some time before all the pieces are in place in terms of implementation. Only then can we assess what this means for NHS Haringey.

Clearly these changes are significant. NHS Haringey will work closely with our neighbouring PCTs and the NCL Sector to manage these changes. We will build on the work already underway to support GPs to develop their commissioning capacity, and our relationship with the local authority is strong and provides a sound basis for further integration of public health and social services.

Locally, we want to retain the skills and experience of staff that we have in our organisation, and we will do this by supporting you through the transition period. We will also work within the NHS across London and take all available opportunities to safeguard employment for existing staff.

There is a huge amount of excellent work taking place in NHS Haringey. We have our three health centres in operation and we have begun the shift of services out of hospitals and into the community. We have our four GP commissioning collaboratives who we work extremely closely with to ensure that together we provide the services that their patients need. And we have an excellent track record of working with the local authority and other partner organisations to address the longer term issues that affect health.

It is therefore important that during this period of transition that all colleagues at NHS Haringey continue to remain focussed on our work to improve health outcomes for everyone in Haringey, and not lose sight of the benefits we are delivering for the residents of Haringey.

Consultation and engagement

During this period of significant change for the whole of the NHS is important that patients and the public are informed and consulted on the proposals, to ensure that these changes meet their needs. It will obviously be important to work closely with GPs and other clinicians as well.

NHS Haringey will continue to work closely with our four patient panels across the borough to get their views on the changes and current provision of health care services in Haringey. We will also work closely with the Department of Health, the North Central London sector and the Barnet, Enfield and Haringey clinical implementation team to support them on local consultation and engagement work as appropriate, both with the public and with clinicians.

We will also continue to work with patients to get their views on services and how we can improve them. We are shortly due to carry out a survey of patients using new diabetes and dermatology clinics provided at Hornsey Health Centre to see how we can improve the patient experience.

Duncan Stroud
Associate Director – Communications and Engagement
NHS Haringey

14 July 2010

NHS Haringey proposed budget savings 2010/11

2010/11 budgets post £22.5m savings



Budgets	09/10	Increase	Savings	Other adj.	10/11
Acute	212,108	1,640	(14,100)		199,648
Mental health	41,376	1,333	(3,900)		38,809
Other contractual	50,643	1,298			51,941
Provider services	22,423	224	(800)		21,847
Specialist Commissioning	35,563	2,486			38,049
Primary care	81,213	10,164	(800)		90,577
Corporate/ Management	19,270	1,588	(2,900)		17,958
Hosted services	9,675			(9,675)	0
Contingency & Investment		4,510			4,510
Subtotal budgets	472,271	23,243	(22,500)		463,339

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