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## Overview and Scrutiny Committee

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WEDNESDAY, 16TH MARCH, 2011 at 17:30 HRS - HORNSEY HEALTH CENTRE - 151 PARK ROAD, LONDON, N8 8JD

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 Sandra Young (Parent Governor), Ms H Kania (LINK Representative)

### AGENDA

**1. APOLOGIES FOR ABSENCE**

**2. URGENT BUSINESS**

*Under the Council's Constitution – Part 4 Section B paragraph 17 – no other business shall be considered.*

**3. DECLARATIONS OF INTEREST**

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

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

**4. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS**

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

**5. GP CONSORTIA (PAGES 1 - 4)**

To consider the briefing by the Primary Care Trust on the development of GP (General Practitioner) consortia.

**6. NHS HARINGEY - LOCAL PRESENCE (PAGES 5 - 8)**

To discuss how NHS Haringey would ensure strong local presence.

**7. THE LAURELS (PAGES 9 - 14)**

To receive an update from NHS Haringey on the Laurels Health Centre.

**8. NHS HARINGEY FINANCE AND SAVINGS PROGRAMME (PAGES 15 - 22)**

To consider the update from NHS Haringey on the Finance and Savings Programme.

**9. RESPONDING TO THE NHS AND PUBLIC HEALTH WHITE PAPERS - PRE-DECISION SCRUTINY (PAGES 23 - 26)**

To consider the report addressing Haringey's response to the White Papers: Equity and Excellence: Liberating the NHS; and Healthy Lives, Healthy People: Our Strategy for Public Health in England.

**10. FUTURE MEETINGS**

28<sup>th</sup> March 2011 Civic Centre, 6pm

30<sup>th</sup> March 2011 (Child Protection) Civic Centre, 6pm

9<sup>th</sup> May 2011 Civic Centre, 6pm

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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Monday, 7<sup>th</sup> March 2011



## **NHS Update for Overview & Scrutiny Committee – 16<sup>th</sup> March 2011**

### **GP Consortia**

Practices across Haringey continue to progress their development as a single consortium for the transitional phase over the next two years. At the end of 2010 NHS London announced their local translation of the nationally announced "Pathfinder" programme. This is essentially a development programme for the next two years that will provide the training and support necessary for consortia to achieve fully accountable status from 2013. Haringey GPs are well aware that a lot of support will be required to enable them to discharge their responsibilities fully in 2013 and fully intend to embrace the challenge. During the transitional period until 2013 it is likely that the consortium will seek to take on some elements of delegated budget, but the vast majority will continue to be held and managed via the residual management teams both locally and as part of the sector structure.

**Dilo Lalande**  
**Head of Partnerships and Stakeholder Engagement**  
**NHS Haringey**

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## Pathfinder Programme

### NHS London GP Consortia Development Programme

1. Launched on 10<sup>th</sup> Nov as NHS London's response to the national pathfinder programme announced by the Secretary of State for Health in October.
2. Intended to provide development to GP consortia across the transition period whereby PCTs and SHAs are abolished and the new GP consortia will be the statutory bodies accountable for commissioning from 2013.
3. Three aspects to the programme overall:
  - Development framework.
  - Development support.
  - Funding from April 2011 – for those at pathfinder or authorisation phases.
4. Development Framework
  - Mobilisation phase
  - Pathfinder phase – three sub-phases here, see below.
  - Authorisation phase
5. Pathfinder sub-phases:
  - Phase 1 – Design, planning and preparation
  - Phase 2 – Some delegated responsibilities
  - Phase 3 – All delegated responsibilities
6. All pathfinder phases need to be completed before authorisation is possible.
7. Application to phase 1 pathfinder requires:
  - Strong GP leadership and support from member practices. Local Authority engagement and sign up .
  - Demonstration of the contribution to the local QIPP agenda.
8. Phase 2 will also require:
  - Clearly defined outcomes for the activities the consortium wishes to take delegated responsibility for.
  - A plan for how the consortium will achieve the specified outcomes, including risk management – including financial risk.
  - A plan for performance management of the delegated activities.
  - Fully established governance structures for managing delegated responsibilities.

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## **NHS Update for Overview & Scrutiny Committee – 16<sup>th</sup> March 2011**

### **NHS Haringey - Local**

Local organisation chart attached.

Progress continues apace through the appointment processes into the new management structures at both local and sector level. It is very positive news that a number of existing staff have been deemed suitable to “slot in” to a number of the local presence roles, this will ensure maximum continuity for the GP support and has been very welcomed by the clinical Directors. The remaining posts will be filled via the usual recruitment process over the coming weeks. It is also proposed that the local borough team will be co-located alongside the Public Health team in Wood Green, another positive step for continuity and communication.

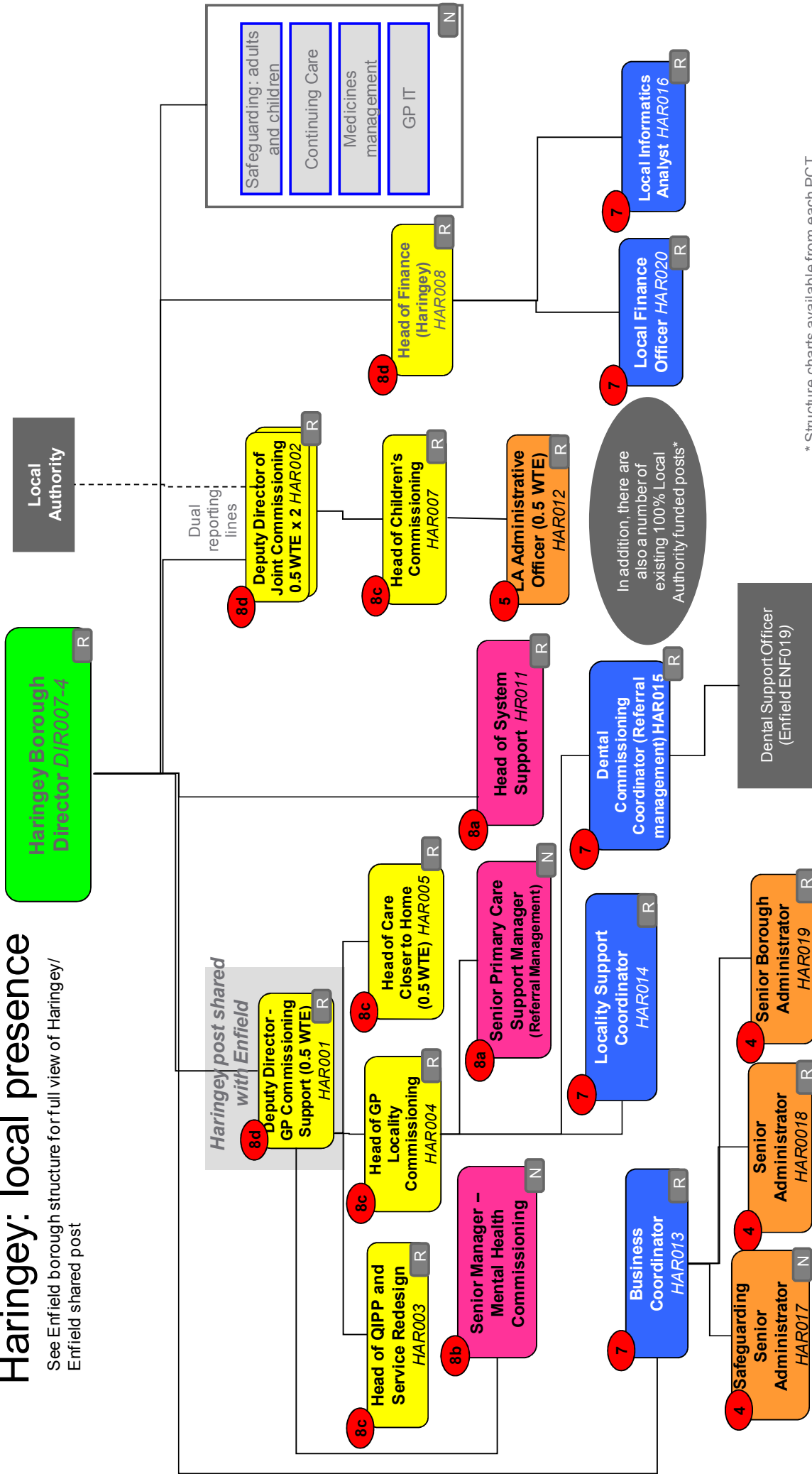
**Dilo Lalande**  
**Head of Partnerships and Stakeholder Engagement**  
**NHS Haringey**

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# Haringey: local presence

See Enfield borough structure for full view of Haringey/  
Enfield shared post



\* Structure charts available from each PCT

Please note that the pay bands given are indicative for planning purposes only. Posts will need to be matched through the Agenda for Change pay banding and job evaluation process

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### The Laurels Action Plan 10th December 2010

Acti ons	ISSUES IDENTIFIED	Recommendat ion(s)	Action(s) to achieve recs	Implementation by whom:-	Implementation by when:-	Resource required (time)	Resource required (money)	Evidence of completion	Monitoring & evaluation arrangements	Mystery shopper feedback 08/12/10	Sign-off by:-	Sign-off Date:-
1	Rubbish lying on the floor	Currently not an issue.	1. NHS Haringey has a new cleaning contractor for all its Health Centres. 2. The Laurels is cleaned every morning before opening. 3. The caretaker maintains/cleans the Centre during the day.	N/a	N/a	N/a	N/a	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	The overall cleanliness of the patient waiting area was very good. We could only see two dirty cotton ear buds left on the floor between some chairs in the waiting area and some crisps that a child had just deposited whilst awaiting to be seen by the GP.	Head of Governance	26/01/2011
2	A smell of "disinfectant and dustbins" in the waiting room,	Currently not an issue.	1. The bad smell is suspected to be due to the rubbish shoot from the flats above which runs through the Centre. This is only cleaned once a week but there are negotiations with LBH to make this twice weekly. 2. The Centre is also speaking to Infection Control about using air fragrance products around reception.	N/a	N/a	N/a	N/a	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	We could not smell any disinfectant, and there were no other abnormal smells that would cause any discomfort to patients or staff.	Head of Governance	26/01/2011
3	Dirty drinking water,	Currently not an issue as bottled water is used however availability of cups should be addressed	1. To prevent continued misuse, the water cooler is being raised so it is out of the reach of children. 2. Caretaker to check availability of cups and re-stock	Centre Manager	31/12/2010	None	Tbc	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	We were unable to try the drinking water, because there were no cups available at the tank.	Head of Governance	26/01/2011
4	Broken lights in the toilets (the toilets are internal, ie no windows, whenever any of the lights fail, they are replaced as soon as possible and never any longer than 1 day, because it means the toilet is out of action).	Toilets to be checked	Cleaning rota in the toilets to be updated by the caretaker and monitored daily	Centre Manager	Immediate	None	None	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	We went into all three toilets (2 Unisex Toilets and 1 Disabled), and all the lights were in good working order. However, we picked up on the following points: <ul style="list-style-type: none"> <li>• The disabled toilet was badly blocked with toilet tissue and this meant the toilet could not be flushed</li> <li>• The Cleaning Rota in all three toilets had not been updated since Monday 6th December 2010</li> </ul>	Head of Governance	26/01/2011

Acti ons	ISSUES IDENTIFIED	Recommendat ion(s)	Action(s) to achieve recs	Implementation by whom:-	Implementation by when:-	Resource required (time)	Resource required (money)	Evidence of completion	Monitoring & evaluation arrangements	Mystery shopper feedback 08/12/10	Sign-off by:-	Sign-off Date:-
5	Queues of up to 40 people waiting for a blood test in the mornings.	The environment cannot be changed but appointment times for phlebotomy can be reviewed to assess whether it would be possible to pace the flow of patients throughout the day.	<ol style="list-style-type: none"> <li>1. Phlebotomy opening, closing and lunch times to be reviewed. December 2010</li> <li>2. Up to date information on a poster will be put up in The Laurels and provided to GP surgeries, detailing opening/closing times, peak times and expected waiting times during peaks December 2010.</li> <li>3. GPs will be reminded of the requirements for very few patient to fast prior to blood tests (and tell their patients not to fast) and provided with the poster via the GP newsletter December 2010</li> <li>4. A presentation will be given to collaborators at their next meeting in January 2011 (NE/SE/C) on phlebotomy opening/peak times and this will be followed up with further information via the GP newsletter.</li> </ol>	Centre Manager	31/01/2011	None	None	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	There was only one sign displayed on the wall as you entered the waiting area, giving service times for the Phlebotomy Service. However, there were no further leaflets available and no signage information providing patients with guidance to maybe opt to have their blood test in the afternoon, rather than the morning if they did not have to fast during the night/morning. The Phlebotomy Service do have an automated ticket system and number display, so patients have some approximate guidance as to their waiting time.	Head of Governance	26/01/2011

The Laurels is a very busy centre with high volumes of patients. It is a challenging environment for both patients and staff.

The Laurels User group is starting soon, encouraging local community to join with staff to help improve the Centre for everyone. If users see anything that is unsatisfactory, they are encouraged to speak to reception staff who will address issues immediately. Further mystery shopping to be put in place to monitor cleanliness and queues.

Acti ons	ISSUES IDENTIFIED	Recommendat ion(s)	Action(s) to achieve recs	Implementation by whom:-	Implementation by when:-	Resource required (time)	Resource required (money)	Evidence of completion	Monitoring & evaluation arrangements	Mystery shopper feedback 08/12/10	Sign-off by:-	Sign-off Date:-
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Phlebotomy feedback from the Service Manager: (Phlebotomy is provided by the North Middlesex University Hospital) The queues are caused by patients all arriving first thing in the morning for a blood test, causing the long delays. Waiting times for blood tests in the afternoon are as short as 5 minutes. Patients are encouraged to get blood tests in the afternoon to avoid the queues.

The Laurels provides phlebotomy on an open access basis. There is no simple way of spreading out the demand by asking non-fasting patients to attend late morning or afternoons.

We did trial the phlebotomists starting at 8am (instead of 9am) which did improved the situation in terms of waits – however the knock on effect of this was that people complained that their blood forms said the service started at 9am and they were upset that it opened earlier and they didn't know about it.

The earlier The Laurels opens the earlier people line up outside waiting to be first in the queue. A 9am start results in people lining up sometimes from 7:30am onwards - standing in the cold and rain until 8am when the centre opens. So an 8am start will have people lining up sometimes from as early as 6:30.

There is a prioritizing – it is children and people with special needs. They don't priorities fasting patients because there are just too many of them and they all

In the recent past we have tried sending posters to GPs, including requests in GP communications, and there is information on the Trust internet site and on e

A new Trustwide cleaning contract is in place that includes The Laurels. The monitoring is a function of the centre management, as being at the front end they will be the first to see any changes and so can deal with it at a local level in the first instance. There is an escalation process in place with the cleaning contractor, failing a local resolution.

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THE LAURELS - 'MYSTERY SHOPPER' FOLLOW UP

Actions	ISSUES IDENTIFIED	Name of person Visiting Premises.	Date of Visit	Time of Visit	Observations	Additional Information
1	Rubbish lying on the floor	KG	07-Jan-11	9.40am	No rubbish observed on the floor.	
		JJC	21-Jan-11	10am	No rubbish lying on the floor, the reception appeared clean.	
		FK	24-Jan-11	3pm	no rubbish on the floor. Reception area was clean and patients waiting quietly in seats.	
3	A smell of "disinfectant and dustbins" in the waiting room,	KG	07-Jan-11	9.40am	No smell noticed in the waiting room.	
		JJC	21-Jan-11	10am	There was no smell of disinfectant.	
		FK	24-Jan-11	3pm	Room did not smell bad, nor did it smell of disinfectant.	
4	Dirty drinking water	KG	07-Jan-11	9.40am	Water was not checked as no water bottle was observed and it was not recognised that the filter system operates through pipes.	
		JJC	21-Jan-11	10am	No cups to check quality of water.	
		FK	24-Jan-11	3pm	I didn't notice any drinking cups.	
5	Broken lights in the toilets (the toilets are internal, i.e. no windows, whenever any of the lights fail, they are replaced as soon as possible and never any longer than 1 day, because it means the toilet is out of action).	KG	07-Jan-11	9.40am	Toilet lights were working.	
		JJC	21-Jan-11	10am	The toilets were clean and the rota up to date. All lights in the toilet were in working order.	
		FK	24-Jan-11	3pm	Checked 2 toilets, they seem fine, both had toilet paper and were clean.	
Queues of up to 40 people waiting for a blood test in the mornings.	KG	07-Jan-11	9.40am	The first waiting area seats were all occupied, but not just by people waiting for blood tests. The second area still had seats available.	Maybe the staff are aware that PCT staff are checking up on them as when I came out of the second toilet, a member of staff ran past me saying "oh I think I need to put toilet paper in that loo!"	
	JJC	21-Jan-11	10am	There were a number of patients waiting in the reception, but all were seated and the reception area did not appear overcrowded.		
	FK	24-Jan-11	3pm	waiting area was busy but everyone was sitting quietly in their seats. Seemed under control		

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## Savings Schemes 2010/11 and 2011/12



Description of Savings Scheme	2010/11 Savings			2011/12 Savings		
	RAG	2010/11 Risk Adjusted Savings £000s	Performance to 31 January 2011 £000s	New 2011/12 Schemes £000s	RAG	2011/12 Risk Adjusted Savings £000s
<b>Primary Care</b>						
Urgent Care Centre Redirection	A	280	187	1,286	A	514
Dental Contract Monitoring	B	600	600	300	B	300
Suspension / Disestablishment of GP Led Health Centres	B	150	100	660	A	264
List Cleaning				750	A	300
PMS Contract Rebasing				430	A	172
Other aggregated schemes	Var.	77	44	284		143
<b>Sub-total Primary Care</b>		<b>1,107</b>	<b>931</b>	<b>3,710</b>		<b>1,693</b>
<b>Estates</b>						
St Ann's Estate Savings (inc.maintenance)	B	450	396	583	A	233
GP & Health Centre Rates	G	213	108			
Health Centre Recharge Increase	G	122	97			
Performance Grant	G	113				
Other aggregated schemes	Var.	370	264	230		124
<b>Sub-total Estates</b>		<b>1,268</b>	<b>865</b>	<b>813</b>		<b>357</b>
<b>Hospital and Community Services</b>						
Mental Health	Var.	2,677	2,165	883	Var.	495
Acute activity efficiencies	G	3,447	378			
Other aggregated schemes	Var.	128	42	733		293
<b>Sub-total Hospital and Community Services</b>		<b>6252</b>	<b>2585</b>	<b>1616</b>		<b>788</b>
<b>Human Resources</b>						
Training Budget	B	65	65			
Other aggregated schemes	B/G	130	105	60	R	
<b>Sub-total Human Resources</b>		<b>195</b>	<b>170</b>	<b>60</b>		<b>0</b>
<b>Provider Services</b>						
Recruitment Controls	A	237	190			
CQUIN/Community matron	B	328	328			
IAPT service	G	188	151	326	A	130
Community Services Thresholds				733	A	293
Other aggregated schemes	Var.	56	44			
<b>Sub-total Provider Services</b>		<b>809</b>	<b>713</b>	<b>1059</b>		<b>423</b>
<b>GP Commissioning</b>						
Polysystems Shift - Phase 1	A	104	74		A	
Polysystems Shift - Phase 2	R	-		556	R	-
GP Commissioning Liaison	Var.	775	350			
GP Referral Management	Var.			500	A	200
Other aggregated schemes	Var.	-	-	-		-
<b>Sub-total GP Commissioning</b>		<b>879</b>	<b>424</b>	<b>1056</b>		<b>200</b>
<b>Prescribing &amp; Continuing Care</b>						
Prescribing	Var.	883	633	610	A	244
High Cost Drugs		40	13	500	A	200
Continuing Care Review	Var.	1,188	450			
Other aggregated schemes	Var.	301	300	547		219
<b>Sub-total Prescribing &amp; Continuing Care</b>		<b>2412</b>	<b>1396</b>	<b>1657</b>		<b>663</b>
<b>Public Health</b>						
Low Priority Treatments	A	498	458	800	A	320
Voluntary Sector Review	A	60	52			
Decommissioning of HAVCO grant	B	46	9	46	B	35
Flu Pandemic Excess	G	111	111			
Other aggregated schemes	Var.	116	124			
<b>Sub-total Public Health</b>		<b>831</b>	<b>754</b>	<b>846</b>		<b>355</b>
<b>Management Cost</b>						
	G	894	858			
<b>Total Savings</b>		<b>14,647</b>	<b>8,696</b>	<b>10,817</b>		<b>4,479</b>

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Tue 15 February 2011

Post PMO

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Ref	Description/Status	rag	Lead	Manager	Finance	Other	Planned Savings	Status		Total 2010/11 Weighted Savings	2011/12 Savings		RAG
								B	A		"R" or "N/R"	2010/11 Full year effect	
82	Primary care temp and locum cover	G	AK	Diy	JS	sector	236.0	0.0	36.0	0.0	200.0	236.0	G
55	Dental Contracts Monitoring	B	AK		JS		600.0	0.0	0.0	0.0	0.0	600.0	B
83	GP waste management	B	AK		JS		20.0	0.0	20.0	0.0	0.0	20.0	G
84	NHS's recycling to providers	B	AK		PW		0.0	0.0	0.0	0.0	0.0	0.0	R
85	Dental PMS reduction	B	AK		PW		20.0	0.0	20.0	0.0	0.0	20.0	G
128	GP's service for the GP's	B	AK		PW		150.0	0.0	0.0	0.0	0.0	150.0	B
129	UCC/Redirection	A	AK				700.0	0.0	700.0	0.0	0.0	700.0	A
130	Redirection of patients	A	AK				26.6	0.0	26.6	0.0	0.0	26.6	G
138	List Cleaning 2011/12	A	AK					0.0	0.0	0.0	0.0	0.0	A
142	Glaucoma and Cataracts	A	AK					0.0	0.0	0.0	0.0	0.0	A
ASM15	Rebasing PMS contracts (see note 1)	A	AK	DL	JS			0.0	0.0	0.0	0.0	0.0	A
ASM16	Disestablishment of GP-led Health Centres (see note 1)	A	AK	DL	JS			0.0	0.0	0.0	0.0	0.0	A
ASM17	Reprovision of GP Out of Hours service	A	AK	DL	JS			0.0	0.0	0.0	0.0	0.0	A
ASM18	Urgent Care service for the redirection of patients to GPs (see note 1)	A	AK	CH	JS			0.0	0.0	0.0	0.0	0.0	A
<b>Primary care - Aryshia Khan</b>								750.0	102.6	700.0	200.0	1,752.6	
<b>Primary care - Aryshia Khan [GRES]</b>								1,752.6					
res 1	PMS inc rebate @ £79	G	AK				600.0	0.0	550.0	50.0	0.0	600.0	G
res 2	GP's waste recycling	G	AK				200.0	0.0	150.0	50.0	0.0	200.0	G
res 3	GP's waste recycling	G	AK				70.0	0.0	70.0	0.0	0.0	70.0	G
res 4	Transfer of GP's waste recycling	G	AK				350.0	0.0	350.0	0.0	0.0	350.0	G
res 5	Transfer of GP's waste recycling	G	AK				133.3	0.0	133.3	0.0	0.0	133.3	G
res 6	GP's waste recycling	G	AK				30.0	0.0	30.0	0.0	0.0	30.0	G
res 7	Dental contracts	G	AK				350.0	0.0	350.0	0.0	0.0	350.0	G
res 8	GP's waste recycling	G	AK				150.0	0.0	150.0	0.0	0.0	150.0	G
<b>Primary care - Aryshia Khan [GRES]</b>								1,883.3	0.0	1,783.3	100.0	1,883.3	
22	St Ann's estate savings	B	DM	RR	PW		350.0	0.0	0.0	0.0	0.0	350.0	A
23	Estates maintenance contract	B	DM	RR	PW		100.0	0.0	0.0	0.0	0.0	100.0	B
24	GP's waste recycling	B	DM	RR	PW		250.0	0.0	250.0	0.0	0.0	250.0	G
25	Community Health Centre	B	DM	RR	PW		40.0	0.0	40.0	0.0	0.0	40.0	G
26	Community Health Centre	B	DM	RR	PW		40.0	0.0	40.0	0.0	0.0	40.0	G
27	Estates maintenance contract	B	DM	RR	PW		10.0	0.0	0.0	0.0	0.0	10.0	B
28	Primary care security contract termination	B	DM	RR	PW		50.0	0.0	0.0	0.0	0.0	50.0	B
29	Primary care security contract termination	B	DM	RR	PW		50.0	0.0	0.0	0.0	0.0	50.0	B
30	Primary care security contract termination	B	DM	RR	PW		50.0	0.0	0.0	0.0	0.0	50.0	B
31	Primary care security contract termination	B	DM	RR	PW		20.0	0.0	0.0	0.0	0.0	20.0	G
32	Primary care security contract termination	B	DM	RR	PW		25.0	0.0	0.0	0.0	0.0	25.0	G
33	Primary care security contract termination	B	DM	RR	PW		40.0	0.0	0.0	0.0	0.0	40.0	G
34	Primary care security contract termination	B	DM	RR	PW		30.0	0.0	0.0	0.0	0.0	30.0	G
35	Primary care security contract termination	B	DM	RR	PW		50.0	0.0	0.0	0.0	0.0	50.0	G
36	Primary care security contract termination	B	DM	RR	PW		60.0	0.0	0.0	0.0	0.0	60.0	R
112	Primary care security contract termination	B	DM	RR	PW		125.0	0.0	0.0	125.0	0.0	125.0	R
101	Primary care security contract termination	B	DM	AJ	PW		70.0	0.0	0.0	0.0	0.0	70.0	R
132	Primary care security contract termination	B	DM	RR	SH		75.0	0.0	0.0	0.0	0.0	75.0	R
137	Primary care security contract termination	B	DM	RR	SH		140.0	0.0	0.0	0.0	0.0	140.0	R
ASM19a	Community service eligibility threshold - audiology (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	0.0	A
ASM19b	Community service eligibility threshold - nutrition and dietetics (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	0.0	A
<b>Primary care - Aryshia Khan [GRES]</b>								350.0	0.0	350.0	0.0	350.0	
<b>Primary care - Aryshia Khan [GRES]</b>								100.0	0.0	100.0	0.0	100.0	
<b>Primary care - Aryshia Khan [GRES]</b>								250.0	0.0	250.0	0.0	250.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								10.0	0.0	10.0	0.0	10.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								20.0	0.0	20.0	0.0	20.0	
<b>Primary care - Aryshia Khan [GRES]</b>								25.0	0.0	25.0	0.0	25.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								30.0	0.0	30.0	0.0	30.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								60.0	0.0	60.0	0.0	60.0	
<b>Primary care - Aryshia Khan [GRES]</b>								125.0	0.0	125.0	0.0	125.0	
<b>Primary care - Aryshia Khan [GRES]</b>								70.0	0.0	70.0	0.0	70.0	
<b>Primary care - Aryshia Khan [GRES]</b>								140.0	0.0	140.0	0.0	140.0	
<b>Primary care - Aryshia Khan [GRES]</b>								150.0	0.0	150.0	0.0	150.0	
<b>Primary care - Aryshia Khan [GRES]</b>								0.0	0.0	0.0	0.0	0.0	
<b>Primary care - Aryshia Khan [GRES]</b>								0.0	0.0	0.0	0.0	0.0	
<b>Primary care - Aryshia Khan [GRES]</b>								350.0	0.0	350.0	0.0	350.0	
<b>Primary care - Aryshia Khan [GRES]</b>								100.0	0.0	100.0	0.0	100.0	
<b>Primary care - Aryshia Khan [GRES]</b>								250.0	0.0	250.0	0.0	250.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								10.0	0.0	10.0	0.0	10.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								20.0	0.0	20.0	0.0	20.0	
<b>Primary care - Aryshia Khan [GRES]</b>								25.0	0.0	25.0	0.0	25.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								30.0	0.0	30.0	0.0	30.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								60.0	0.0	60.0	0.0	60.0	
<b>Primary care - Aryshia Khan [GRES]</b>								125.0	0.0	125.0	0.0	125.0	
<b>Primary care - Aryshia Khan [GRES]</b>								70.0	0.0	70.0	0.0	70.0	
<b>Primary care - Aryshia Khan [GRES]</b>								140.0	0.0	140.0	0.0	140.0	
<b>Primary care - Aryshia Khan [GRES]</b>								150.0	0.0	150.0	0.0	150.0	
<b>Primary care - Aryshia Khan [GRES]</b>								0.0	0.0	0.0	0.0	0.0	
<b>Primary care - Aryshia Khan [GRES]</b>								0.0	0.0	0.0	0.0	0.0	
<b>Primary care - Aryshia Khan [GRES]</b>								350.0	0.0	350.0	0.0	350.0	
<b>Primary care - Aryshia Khan [GRES]</b>								100.0	0.0	100.0	0.0	100.0	
<b>Primary care - Aryshia Khan [GRES]</b>								250.0	0.0	250.0	0.0	250.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								10.0	0.0	10.0	0.0	10.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								20.0	0.0	20.0	0.0	20.0	
<b>Primary care - Aryshia Khan [GRES]</b>								25.0	0.0	25.0	0.0	25.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								30.0	0.0	30.0	0.0	30.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								60.0	0.0	60.0	0.0	60.0	
<b>Primary care - Aryshia Khan [GRES]</b>								125.0	0.0	125.0	0.0	125.0	
<b>Primary care - Aryshia Khan [GRES]</b>								70.0	0.0	70.0	0.0	70.0	
<b>Primary care - Aryshia Khan [GRES]</b>								140.0	0.0	140.0	0.0	140.0	
<b>Primary care - Aryshia Khan [GRES]</b>								150.0	0.0	150.0	0.0	150.0	
<b>Primary care - Aryshia Khan [GRES]</b>								0.0	0.0	0.0	0.0	0.0	
<b>Primary care - Aryshia Khan [GRES]</b>								0.0	0.0	0.0	0.0	0.0	
<b>Primary care - Aryshia Khan [GRES]</b>								350.0	0.0	350.0	0.0	350.0	
<b>Primary care - Aryshia Khan [GRES]</b>								100.0	0.0	100.0	0.0	100.0	
<b>Primary care - Aryshia Khan [GRES]</b>								250.0	0.0	250.0	0.0	250.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								10.0	0.0	10.0	0.0	10.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								20.0	0.0	20.0	0.0	20.0	
<b>Primary care - Aryshia Khan [GRES]</b>								25.0	0.0	25.0	0.0	25.0	
<b>Primary care - Aryshia Khan [GRES]</b>								40.0	0.0	40.0	0.0	40.0	
<b>Primary care - Aryshia Khan [GRES]</b>								30.0	0.0	30.0	0.0	30.0	
<b>Primary care - Aryshia Khan [GRES]</b>								50.0	0.0	50.0	0.0	50.0	
<b>Primary care - Aryshia Khan [GRES]</b>								60.0	0.0	60.0	0.0	60.0	
<b>Primary care - Aryshia Khan [GRES]</b>								125.0	0.0	125.0	0.0	125.0	
<b>Primary care - Aryshia Khan [GRES]</b>								70.0	0.0	70.0	0.0	70.0	
<b>Primary care - Aryshia Khan [GRES]</b>								140.0	0.0	140.0	0.0	140.0	
<b>Primary care - Aryshia Khan [GRES]</b>								150.0	0.0	150.0	0.0	150.0	
<b>Primary care - Aryshia Khan [GRES]</b>								0.					

Ref	Description/Status	rag	Lead	Manager	Finance	Other	Status				Total 2010/11 Weighted Savings	2011/12 Savings		RAG
							B	G	A	R		"R" or "NIR"	2010/11 Full year effect	
ASM19c	Community service eligibility threshold - community dentistry (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	60.0	A	
ASM19d	Community service eligibility threshold - physiotherapy (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	0.0	A	
ASM19e	Community service eligibility threshold - foot health (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	58.0	A	
ASM19f	Community service eligibility threshold - sexual health (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	112.0	A	
ASM19g	Community service eligibility threshold - community nursing (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	29.0	A	
ASM19h	Community service eligibility threshold - MSK (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	53.0	A	
ASM19i	Community service eligibility threshold - wheelchair services (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	25.0	A	
ASM19j	Community service eligibility threshold - bladder & bowel (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	54.0	A	
ASM19k	Community service eligibility threshold - palliative care (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	59.0	A	
ASM19l	Community service eligibility threshold - expert patient program	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	50.0	A	
ASM19m	Community service eligibility threshold - working for health (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	77.0	A	
ASM19n	Community service eligibility threshold - health centre admin (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	92.0	A	
ASM19o	Community service eligibility threshold - integrated community health	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	18.0	A	
ASM20	Decommissioning of Chestnut rehabilitation ward (see note 1)	A	DM	CG	PC		0.0	0.0	0.0	0.0	0.0	0.0	A	
ASM22	Suspension of backlog maintenance	G	DM	RR	AC		0.0	0.0	0.0	0.0	0.0	90.0	G	
<b>Strategic finance - David Maloney</b>							650.0	790.0	0.0	235.0	0.0	1,675.0		
49	Project management budget	B	DS	DS	PW		18.0	0.0	0.0	0.0	0.0	18.0	B	
50	Resident's survey	B	DS	DS	PW		34.0	0.0	0.0	0.0	0.0	34.0	B	
51	Transport budget	B	DS	DS	PW		10.0	0.0	0.0	0.0	0.0	10.0	B	
52	Interpretation surpluses	G	DS	DLI	PW		0.0	2.0	0.0	0.0	0.0	2.0	G	
54	Interpretation service closure	A	DS	DLI	PC		0.0	0.0	0.0	0.0	0.0	0.0	A	
ASM6c	Decommissioning of HA/CC grant	B	DS	AD	PC		46.0	0.0	0.0	0.0	0.0	46.0	B	
<b>Communications - Duncan Stroud</b>							108.0	2.0	0.0	0.0	0.0	46.0		
1	MHT Isatis	B	HT	HT	PC		1,629.0	0.0	0.0	0.0	0.0	1,629.0	B	
2	MHT NCAs	B	HT	HT	PC		424.0	0.0	0.0	0.0	0.0	424.0	B	
4	MHT CMHT	A	HT	KC	PC	B & E	385.0	0.0	0.0	0.0	0.0	385.0	A	
5	MHT dementia pathway	R	HT	KC	PC	B & E	193.0	0.0	0.0	193.0	0.0	193.0	R	
6	MHT CAMHS tier 4	R	HT	KC	PC	B & E	193.0	0.0	0.0	193.0	0.0	193.0	R	
7	MHT DAAT	R	HT	KC	PC	B & E	193.0	0.0	0.0	193.0	0.0	193.0	R	
8	MHT CAMHS & EDs	R	HT	KC	PC	B & E	116.0	0.0	0.0	116.0	0.0	116.0	R	
9	MHT forensics	B	HT	HT	PC	B & E	244.0	0.0	0.0	0.0	0.0	244.0	B	
121	MHT Risk Share Deal	R	HT	HT	PC	B & E	500.0	0.0	0.0	500.0	0.0	500.0	R	
126	Baseline CAHMS Tier 4	R	HT	HT	PC	B & E	600.0	0.0	0.0	600.0	0.0	600.0	R	
38	Elevate purchase of LIFT assets	R	DM	DM	PW		0.0	0.0	0.0	0.0	0.0	0.0	R	
57	Acute KPIs in contract	A	S	Jsh	PC	sector	865.0	0.0	0.0	0.0	0.0	865.0	A	
63	Daycase to outpatient	G	S	JQ	PC	sector	350.0	0.0	0.0	0.0	0.0	350.0	G	
65	First to follow up extra	A	S	SW	PC	sector	445.0	0.0	0.0	0.0	0.0	445.0	A	
66	C2C extra	A	S	SW	PC	sector	330.0	0.0	0.0	0.0	0.0	330.0	A	
68	Clinicanta utilization	A	S	Jsh	PC	sector	750.0	0.0	0.0	0.0	0.0	750.0	A	
69	Maternity review	R	S	CH	PC	sector	0.0	0.0	0.0	0.0	0.0	0.0	R	
70	NCA review	A	S	NK	PC	sector	12.0	0.0	0.0	0.0	0.0	12.0	A	
71	NMH Mock Deal	R	S	SW	PC	sector	1,000.0	0.0	0.0	1,000.0	0.0	1,000.0	R	
72	Whittington block deal	R	S	SW	PC	sector	1,000.0	0.0	0.0	1,000.0	0.0	1,000.0	R	
113	Sector scheme Claims management GPs	A	S	SW	PC	sector	2,678.0	0.0	0.0	2,678.0	0.0	2,678.0	A	
120	LTCs	A	S	SW	PC	sector	750.0	0.0	0.0	750.0	0.0	750.0	A	
<b>Total</b>							1,267.5	525.0	0.0	1,546.0	0.0	1,546.0		
<b>Strategic finance - David Maloney</b>							18.0	0.0	0.0	0.0	0.0	18.0		
<b>Communications - Duncan Stroud</b>							34.0	0.0	0.0	0.0	0.0	34.0		
<b>Total</b>							10.0	0.0	0.0	0.0	0.0	10.0		
<b>Interpretation surpluses</b>							0.0	2.0	0.0	0.0	0.0	2.0		
<b>Interpretation service closure</b>							0.0	0.0	0.0	0.0	0.0	0.0		
<b>Decommissioning of HA/CC grant</b>							46.0	0.0	0.0	0.0	0.0	46.0		
<b>Total</b>							108.0	2.0	0.0	0.0	0.0	46.0		
<b>Communications - Duncan Stroud</b>							1,629.0	0.0	0.0	0.0	0.0	1,629.0		
<b>MHT Isatis</b>							424.0	0.0	0.0	0.0	0.0	424.0		
<b>MHT NCAs</b>							154.0	0.0	0.0	0.0	0.0	154.0		
<b>MHT CMHT</b>							0.0	0.0	0.0	0.0	0.0	0.0		
<b>MHT dementia pathway</b>							0.0	0.0	0.0	193.0	0.0	193.0		
<b>MHT CAMHS tier 4</b>							0.0	0.0	0.0	193.0	0.0	193.0		
<b>MHT DAAT</b>							0.0	0.0	0.0	193.0	0.0	193.0		
<b>MHT CAMHS &amp; EDs</b>							244.0	0.0	0.0	116.0	0.0	244.0		
<b>MHT forensics</b>							0.0	0.0	0.0	500.0	0.0	500.0		
<b>MHT Risk Share Deal</b>							0.0	0.0	0.0	600.0	0.0	600.0		
<b>Baseline CAHMS Tier 4</b>							0.0	0.0	0.0	600.0	0.0	600.0		
<b>Elevate purchase of LIFT assets</b>							0.0	0.0	0.0	0.0	0.0	0.0		
<b>Acute KPIs in contract</b>							865.0	0.0	0.0	0.0	0.0	865.0		
<b>Daycase to outpatient</b>							350.0	0.0	0.0	0.0	0.0	350.0		
<b>First to follow up extra</b>							445.0	0.0	0.0	0.0	0.0	445.0		
<b>C2C extra</b>							330.0	0.0	0.0	0.0	0.0	330.0		
<b>Clinicanta utilization</b>							750.0	0.0	0.0	0.0	0.0	750.0		
<b>Maternity review</b>							0.0	0.0	0.0	0.0	0.0	0.0		
<b>NCA review</b>							12.0	0.0	0.0	0.0	0.0	12.0		
<b>NMH Mock Deal</b>							1,000.0	0.0	0.0	1,000.0	0.0	1,000.0		
<b>Whittington block deal</b>							1,000.0	0.0	0.0	1,000.0	0.0	1,000.0		
<b>Sector scheme Claims management GPs</b>							2,678.0	0.0	0.0	2,678.0	0.0	2,678.0		
<b>LTCs</b>							750.0	0.0	0.0	750.0	0.0	750.0		
<b>Total</b>							1,071.2	0.0	0.0	1,071.2	0.0	1,071.2		
<b>Total</b>							300.0	0.0	0.0	300.0	0.0	300.0		

# NHS HARINGEY

## SAVINGS SCHEMES

Tue 15 February 2011

Post PMO

£k

Ref	Description/Status	rag	Lead	Manager	Finance	Other	Planned Savings		Status		Total	2011/12 Savings		RAG
							B	A	B	A		"R" or "NR"	2010/11 Full year effect	
114	Acute provider non-pbr	A	S	SW	PC	sector	1,783.0	0.0	1,783.0	0.0	1,783.0	209.0	A	
131	Specialist Commissioning	G	S	SW	PC	sector	185.0	0.0	185.0	0.0	185.0		G	
142	DAAT	HT	HT	AV	PC		129.0	0.0	129.0	0.0	129.0		G	
ASM1	BEHMT - in year contract review	A	HT	HT	PC	m Hayburn	480.0	0.0	480.0	0.0	480.0		A	
ASM2	Capital accounting review of revaluation reserve	R	HT	SH	SH		900.0	0.0	900.0	0.0	900.0		R	
ASM5a	MH decommissioning of asset engagement and well-being	G	HT	KC	PC		10.0	0.0	10.0	0.0	10.0		G	
ASM5b	MH decommissioning of English Kurdish Community support	G	HT	KC	PC		10.0	0.0	10.0	0.0	10.0		G	
ASM5c	MH decommissioning of day disability service	G	HT	KC	PC		25.0	0.0	25.0	0.0	25.0		G	
ASM	MH decommissioning of day disability service	G	HT	KC	PC		0.0	0.0	0.0	0.0	0.0		G	
	<b>Finance and commissioning - Harry Turner</b>						16,179.0	0.0	16,179.0	0.0	16,179.0	9,584.0	883.0	
79	HR Agency recharge	B	IF		PW	sector	35.0	0.0	35.0	0.0	35.0		B	
115	Post removed	B	IF				20.0	0.0	20.0	0.0	20.0		B	
116	Charge for PM review	B	IF				15.0	0.0	15.0	0.0	15.0		B	
118	Moving out of costs	B	IF				0.0	0.0	0.0	0.0	0.0		B	
81	Transfer of costs	B	IF	AK	PW		65.0	0.0	65.0	0.0	65.0		B	
	<b>HR - Ian Fuller</b>						135.0	0.0	135.0	0.0	135.0	0.0	60.0	
60	Providerside - recruitment controls	A	JO	DM	SM		500.0	0.0	500.0	0.0	500.0		A	
61	Providerside - COJIN / army nation	B	JO	DM	SM		328.0	0.0	328.0	0.0	328.0		B	
62	Providerside - specialist services	B	JO	DM	SM		0.0	0.0	0.0	0.0	0.0		B	
76	Providerside - Addictive Services - Specialist	B	JO	DM	SM		75.0	0.0	75.0	0.0	75.0		B	
77	Providerside - Addictive Services - MPT	B	JO	DM	SM		100.0	0.0	100.0	0.0	100.0		B	
77 +	MPT - Addictive Services - MPT	B	JO	DM	SM		150.0	0.0	150.0	0.0	150.0		B	
78	Providerside - Addictive Services - Addictive	B	JO	DM	SM		0.0	0.0	0.0	0.0	0.0		B	
100	Providerside - Addictive Services - Sexual Health	B	JO	DM	SM		320.0	0.0	320.0	0.0	320.0		B	
	<b>Provider - Jon Ota</b>						1,473.0	0.0	1,473.0	0.0	1,473.0	0.0	326.0	
102	Phase 1 polysystems shift - dermatology	G	JQ	JSh	PC		0.0	0.0	0.0	0.0	0.0		G	
103	Phase 1 polysystems shift - diabetes	G	JQ	JSh	PC		0.0	0.0	0.0	0.0	0.0		G	
104	Phase 1 polysystems shift - MSK	A	JQ	JSh	PC		0.0	0.0	0.0	0.0	0.0		A	
105	Phase 1 polysystems shift - maternity	A	JQ	JSh	PC		0.0	0.0	0.0	0.0	0.0		A	
107	Phase 2 polysystems shift	B	JQ	JSh	PC		0.0	0.0	0.0	0.0	0.0		B	
119	Phase 2 polysystems shift	B	JQ	JSh	PC		2,300.0	0.0	2,300.0	0.0	2,300.0	775.0	R/NR	
124	Repatriating Sexual Health Activity	JQ	JQ	JQ	JSh	PC	0.0	0.0	0.0	0.0	0.0		G	
139	Hornsey Central - Polysystem shift Phase 1	A	JQ	JQ	JSh	PC	126.0	0.0	126.0	0.0	126.0		A	
140	Lordslip Lane - Polysystem shift Phase 1	A	JQ	JQ	JSh	PC	47.0	0.0	47.0	0.0	47.0		A	
141	Tynemouth Road - Polysystem shift Phase 1	A	JQ	JQ	JSh	PC	62.0	0.0	62.0	0.0	62.0		A	
134	Hornsey Central - Polysystem shift Phase 2	B	JQ	JQ	JSh	PC	1,148.0	0.0	1,148.0	0.0	1,148.0	172.0	R	
135	Lordslip Lane - Polysystem shift Phase 2	B	JQ	JQ	JSh	PC	428.0	0.0	428.0	0.0	428.0	295.0	R	
136	Tynemouth Road - Polysystem shift Phase 2	B	JQ	JQ	JSh	PC	562.0	0.0	562.0	0.0	562.0	89.0	R	
ASM3	GP referral management (see note 1)	A	JQ	JSh	PC		0.0	0.0	0.0	0.0	0.0		A	
	<b>Commissioning - Julie Quinn</b>						4,673.0	0.0	4,673.0	0.0	4,673.0	775.0	1,056.0	
58	Scrimshaw	G	SD	PT	JS		200.0	0.0	200.0	0.0	200.0		G	
67	Continuing care review - Mental health	A	SD	KC	PC	sector	1,334.0	0.0	1,334.0	0.0	1,334.0	330.0	A	
86	Continuing care review - Mental health	A	SD	PT	JS		100.0	0.0	100.0	0.0	100.0		A	



# NHS HARINGEY

## SAVINGS SCHEMES

Tue 15 February 2011  
Post PMO

£k

Ref	Description/Status	rag	Lead	Manager	Finance	Other	Status				Total	2011/12 Savings		RAG	
							B	S	A	R		2010/11 Full year effect	New 2011/12 Schemes		
87	OTOC shared budget cut	B	SD	AD	PC		300.0	0.0	0.0	0.0	300.0			B	
88	Prescribing further savings	G	SD	PT	JS		909.0	0.0	0.0	0.0	909.0			G	
90	Continuing healthcare review	G	SD	RC	PC		700.0	0.0	245.0	255.0	700.0	1,000.0		G	
127	LD Continuing care	A	SD	AD	PC		100.0	0.0	100.0	0.0	100.0			A	
93	LGH St Georges site & HICES re-provision	R	SD	AD	PC		25.0	0.0	0.0	25.0	25.0			R	
125	Tissue viability (Prescribing)	A	SD	AD	PC		5.0	0.0	5.0	0.0	5.0	20.0		A	
ASM4d	Decommissioning of National Childhood Measurement Program	A	SD	CW	AC		0.0	0.0	0.0	0.0	0.0			A	
ASM6a	Decommissioning of Age UK Handy Persons scheme (see note 1)	A	SD	AD	PC		0.0	0.0	0.0	0.0	0.0			A	
ASM6b	Decommissioning of Carers Centre grant (see note 1)	A	SD	AD	PC		6.0	0.0	6.0	0.0	6.0			A	
ASM11	GP prescribing initiatives	A	SD	PT	JS		114.0	0.0	114.0	0.0	114.0			A	
ASM12	Acute High Cost Drugs (see note 1)	A	SD	PT	PC	Sector	99.0	0.0	99.0	0.0	99.0			A	
ASM13	Alex Road and other service re-provision (see note 1)	R	SD	RC	PC		0.0	0.0	0.0	0.0	0.0			R	
<b>Commissioning - Stephen Deitch</b>							500.0	2,012.9	999.1	380.0	3,892.0	1,350.0	1,657.0	R	
<b>Commissioning - Stephen Deitch</b>							458.1	150.0	864.0	1,416.0	2,430.0	800.0			R
10	Low priority treatments	A	JDeG	NK	PC	sector	0.0	0.0	0.0	0.0	0.0			A	
21	Extra LPT's - other	R	JDeG	NK	PW	sector	0.0	0.0	0.0	0.0	0.0			R	
40	CHD prevention	G	JDeG		PC		4.0	4.0	0.0	0.0	4.0	3.0		G	
41	Mental health promotion	G	JDeG		PC		4.0	4.0	0.0	0.0	4.0	3.0		G	
42	Sexual health	G	JDeG		PC		1.0	1.0	0.0	0.0	1.0	0.8		G	
43	Substance misuse training	G	JDeG		PC		1.0	1.0	0.0	0.0	1.0	0.8		G	
44	Life Channel decommissioned	G	JDeG		PC		25.0	25.0	0.0	0.0	25.0	18.8		G	
45	Marketing public health	G	JDeG		PW		2.0	2.0	0.0	0.0	2.0	1.5		G	
46	Flu pandemic excess	G	JDeG		PW		148.0	148.0	0.0	0.0	148.0	80.0		G	
47	Public health non-pay cuts	G	JDeG		PW		7.5	7.5	0.0	0.0	7.5	5.6		G	
48	JSNA	G	JDeG		PW		58.0	58.0	0.0	0.0	58.0	43.5		G	
75	Vol sector review	A	JDeG	HT	PC		200.0	80.0	0.0	120.0	200.0	60.0		A	
95	Business Calls	B	JDeG		PW		2.0	2.0	0.0	0.0	2.0	2.0		B	
96	Miscellaneous	B	JDeG		PW		12.0	0.0	0.0	0.0	12.0	12.0		B	
97	Cancer Collaborative	B	JDeG		PC		7.0	0.0	0.0	0.0	7.0	7.0		B	
98	Brand 7 - non-pay savings	R	JDeG		PW		0.0	0.0	0.0	0.0	0.0	0.0		R	
99	Providence Adult Savings - Screening	R	JDeG	DM	SM		0.0	0.0	0.0	0.0	0.0	0.0		R	
111	Associate Director Post	G	JDeG		PW		85.0	85.0	0.0	0.0	85.0	63.8		G	
133	NHS Health Checks	G	JDeG		PW		20.0	20.0	0.0	0.0	20.0	20.0		G	
ASM9a	Additional Low Priority Treatments - bariatrics	A	JDeG	NK	PC	Sector	30.0	0.0	30.0	0.0	30.0	12.0		A	
ASM9b	Additional Low Priority Treatments - cholecystectomy	A	JDeG	NK	PC	Sector	5.0	0.0	5.0	0.0	5.0	2.0		A	
ASM9c	Additional Low Priority Treatments - haemorrhoidectomy	A	JDeG	NK	PC	Sector	5.0	0.0	5.0	0.0	5.0	2.0		A	
ASM9d	Additional Low Priority Treatments - hernia	A	JDeG	NK	PC	Sector	20.0	0.0	20.0	0.0	20.0	8.0		A	
ASM9e	Additional Low Priority Treatments - IUCDs/coils	A	JDeG	NK	PC	Sector	5.0	0.0	5.0	0.0	5.0	2.0		A	
ASM9f	Threshold setting - cataract surgery	A	JDeG	NK	PC	Sector	20.0	0.0	20.0	0.0	20.0	8.0		A	
ASM9g	Additional Low Priority Treatments - adult orthodontic treatments	A	JDeG	NK	PC	Sector	5.0	0.0	5.0	0.0	5.0	2.0		A	
ASM9h	Prior approval by ICP - autologous chondrocyte	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0	0.0	0.0		A	
ASM9i	Prior approval by ICP - spinal cord stimulation	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0	0.0	0.0		A	
ASM9j	Prior approval by ICP - bilateral bone anchored hearing aids	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0	0.0	0.0		A	
ASM9k	Additional Low Priority Treatments - lumbar disc surgery	A	JDeG	NK	PC	Sector	5.0	0.0	5.0	0.0	5.0	2.0		A	
ASM9l	Prior approval by ICP - apicectomy	A	JDeG	NK	PC	Sector	5.0	0.0	5.0	0.0	5.0	2.0		A	
ASM9m	Additional Low Priority Treatments - injections for back pain	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0	0.0	0.0		A	
ASM9n	Prior approval by ICP - soft palate laser treatment	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0	0.0	0.0		A	

Tue 15 February 2011  
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£k

Ref	Description/Status	rag	Lead	Manager	Finance	Other	Status		Total	2010/11 Weighted Savings	2011/12 Savings		RAG		
							B	A			"R" or "NIR"	2010/11 Full year effect		New 2011/12 Schemes	
ASM9o	Prior approval by ICP - hyperbarics	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
ASM9p	Prior approval by ICP - deep brain stimulation	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
ASM9q	Additional Low Priority Treatments - osteotomy	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
ASM9r	Additional Low Priority Treatments - occipital nerve stimulation (see note 1)	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
ASM9s	Additional Low Priority Treatments - erectile dysfunction (see note 1)	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
ASM9t	Prior approval by ICP - plagioccephaly	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
ASM9u	Additional Low Priority Treatments - abdominoplasty/apronectomy	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
ASM23	Decommissioning of homeopathy (note 1)	A	JDeG	NK	PC	Sector	0.0	0.0	0.0	0.0			A		
<b>Public Health - Jeanelle De Gruchy</b>							21.0	585.5	964.0	1,536.0	3,106.5	850.7	1,744.8	800.0	
<b>Management costs</b>							0.0	1,192.0	0.0	0.0	1,192.0	894.0			G
39		G	TB			PW	4,880.0	8,328.8	12,624.0	10,440.4	36,071.4	16,090.0	15,774.8	11,084.0	

Ex	Weighted	Less CRES	Weighted
100%	6,165.20	8,313.8	4,880.0
75%	5,044.8	6,313.8	4,880.0
40%	0.0	4,757.7	4,880.0
0%	0.0	12,524.0	4,880.0
	16,090.0	5,009.6	14,647.3

100.0%	22.5%	0.3	28.9%	100.0%
36,071.4	13.5%	0.0	0.0	36,071.4
1,192.0	100.0%	0.0	0.0	1,192.0

"Ex"/"int" weight	
100%	0%
75%	40%
40%	0%
0%	0%

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Sector / Haringey Split GROSS	
Haringey	4,880.0
Sector	0.0
<b>Sector / Haringey Split DELIVERY Weighted</b>	
Haringey	4,880.0
Sector	0.0

Notes:

1) The following schemes are proposed/indicative schemes only and await further consultation:  
 ASM3  
 ASM4d  
 ASM6a & ASM6b  
 ASM7  
 ASM8  
 ASM9a - ASM9u  
 ASM12  
 ASM13  
 ASM15  
 ASM16  
 ASM18  
 ASM19a - ASM 19g  
 ASM20  
 ASM23

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**Haringey Council**

<b>Briefing for:</b>	Overview and Scrutiny Committee
<b>Title:</b>	Principles of the NHS and Public Health White Papers
<b>Lead Officer:</b>	<b>Dr. Jeanelle de Gruchy</b> , Director of Public Health <b>Mun Thong Phung</b> , Director of Adult, Culture and Community Services <b>Peter Lewis</b> , Director, Children and Young People's Service
<b>Date:</b>	16 March 2011

## 1. Introduction

- 1.1 The NHS White Paper represents possibly the most radical restructuring of the NHS since its inception. The changes will have major implications for local authorities which will take on the function of joining up the commissioning of local NHS services, social care and health improvement.
- 1.2 The Public Health White Paper sets out plans to return public health in England to the local authority, with a ring-fenced budget of around £4billion.
- 1.3 Health inequalities continue to be a priority for Haringey and this report is one of a series of papers setting out Haringey's response to these far-reaching changes.

## 2. Background information

- 2.1 The [Equity and Excellence: Liberating the NHS](#) White Paper, published in July 2010, outlines a series of changes to the NHS. It introduces additional responsibilities and new statutory functions which build on the power of local authorities to promote wellbeing; notably that local public health functions will be transferred from the NHS to the local authority. Each local authority will take on the function of joining up the commissioning of local NHS services, social care and health improvement which includes positive promotion of the adoption of 'healthy' lifestyles, as well as tackling inequalities in health and addressing the wider social influences of health.
- 2.2 The Department of Health's plan is that statutory Health and Wellbeing Boards (HWBs) will be in place by April 2013 to ensure that:
  - joint working takes place when commissioning NHS, public health, and social care services
  - there is strategic oversight of health and care services



**Haringey Council**

- GP consortia are responsive to the needs of patients
- 2.3 In November 2010, the government published [Healthy Lives, Healthy People](#), the White Paper setting out its strategy for public health in England. It describes a framework and principles to:
- protect the population from serious health threats
  - help people live longer, healthier and more fulfilling lives, and
  - improve the health of the poorest, fastest
- 2.4 The Director of Public Health (DPH) will be employed by the local authority and jointly appointed by the local authority and Public Health England. The DPH will be professionally accountable to the Chief Medical Officer (CMO) and part of the Public Health professional network. The role of the DPH includes:
- developing an approach to improving health and wellbeing locally, including promoting equality and tackling health inequalities
  - promoting health and wellbeing within local government
  - advising and supporting GP consortia on the population aspects of NHS services
  - collaborating with partners on improving health and wellbeing, including GP consortia, local DsPH, local businesses and others.
- 2.5 [The Health and Social Care Bill 2011](#) was published on 19 January. The Bill contains provisions covering five themes:
- strengthening commissioning of NHS services
  - increasing democratic accountability and public voice
  - liberating provision of NHS services
  - strengthening public health services
  - reforming health and care arm's-length bodies.
- 3. Local Implications**
- 3.1 Haringey has long been committed to ending health inequalities and improving health and wellbeing locally; a summary of our current commitments is set out below.

Document	Commitment
Sustainable Community Strategy 2007-16	<b>Healthier people with a better quality of life</b>
Children and Young People's Plan 2009-20	We want every child and young person in Haringey to be <b>happy, healthy, safe and confident about the future.</b>
Well-being Strategic Framework 2010 (revised draft)	<b>A healthy and caring Haringey: All people in Haringey have the best possible chance of enjoyable, long, healthy lives.</b>



**Haringey Council**

- 3.2 In response to the national developments outlined above we are proposing bringing our local commitments together to promote a **Healthier Haringey** where people of all ages are able to benefit from improvements.
- 3.3 A report setting out draft proposals has been considered by Chief Executive's Management Board, Health and Well-being Partnership Board, NHS Haringey Board, Children's Trust and CAB. It is scheduled to be considered at Cabinet on 26 April. The report sets out proposals for:
1. Setting the strategic direction for health and wellbeing in Haringey
  2. Establishing shadow arrangements for the Health and Wellbeing Board

Cabinet will also note changes to the NHS (including proposed new public health system, setting up GP consortia, creating HealthWatch).

- 3.4 The proposed vision is:

***A healthier Haringey***

*We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.*

- 3.5 The report also proposes **three outcomes** to help deliver this vision:
- i. improved health and wellbeing
  - ii. reduced health inequalities
  - iii. children and adults safeguarded
- 3.6 **To achieve our vision and deliver our outcomes we will:**
- Use evidence from our joint strategic needs assessment (JSNA) to plan and commission value for money services and interventions
  - Develop partnership working through the joining up of commissioning for local NHS services, social care services and health improvement
  - Prioritise early intervention and prevention
  - Offer residents increased choice and control over their lives, within available resources, through the personalisation of health and social care services
  - Recognise that local residents, statutory, voluntary, community and commercial organisations all have a role to play in delivering health and wellbeing improvements
  - Maximise the opportunities to be gained from financial efficiency by closer partnership working and reducing duplication
  - Acknowledge the difficult decisions that will need to be made in light of a financially challenged health and social care economy, making decisions in an inclusive and transparent way as possible

- 3.7 It proposes to begin the work required to achieve this by:



**Haringey Council**

- i. setting up a **shadow Health and Wellbeing Board (sHWB)** from April 2011
  - ii. developing a **new health and wellbeing strategy** with associated delivery plans
  - iii. establishing **health and social care commissioning arrangements**
  - iv. **transferring the public health function** to the council by the end of March 2011
- 3.8 Haringey GP practices have been organised into four collaboratives for the last three years: West Haringey, Central Haringey, North East Haringey and South East Haringey. A GP Clinical Director leads the work of each respective collaborative. The four collaboratives have agreed to form a pan-Haringey Consortium that would cover a population of approximately 250,000.
- 3.9 The four Haringey GP collaboratives expressed their interest to be one of the first groups to take part in the NHS London Pathfinder Consortia programme and NHS Haringey supported them through their application process. A joint statement of intent to work in partnership with the local authority was a key part of the application. An initial application to be considered for Pathfinder status was submitted in December 2010 but was unsuccessful and a second application was submitted in February 2011.
- 3.10 The proposal is also for Haringey's local NHS presence to be provided largely by joint commissioning posts with Enfield's as well as joint commissioning posts with Haringey Council for adults' and children's social care.
- 3.11 During 2011/12 we will be preparing for the creation of Haringey HealthWatch, which will replace the Local Involvement Network. It will be an independent body with the power to monitor the NHS and to refer patients' concerns to a wide range of authorities and be in place by April 2012.