Haringey Council

Adults and Health Scrutiny Panel

MONDAY, 29TH JULY, 2013 at 18:30 HRS - .

MEMBERS: Councillors Adamou (Chair), Bull, Erskine, Stennett, Winskill

Co-optees: Claire Andrews (HFOP) and Kevin Dowd (HAVCO)

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

To receive apologies for absence.

3. URGENT ITEMS

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

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) Must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) May not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' 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. TERMS OF REFERENCE OF THE PANEL (PAGES 1 - 6)

To note the Panel Terms of Reference.

7. BEH CLINICAL STRATEGY - BOROUGH UPDATE

Sarah Price, Chief Officer, Haringey Clinical Commissioning Group

8. MENTAL HEALTH AND WELLBEING

To receive a presentation from Dr Tamara Djuretic, Assistant Director, Public Health.

9. MENTAL HEALTH PROJECT SCOPING

To discuss and agree the scope and objectives of two mental health Panel projects based on the presentation by Dr Tamara Djuretic.

10. WHITTINGTON HEALTH - TRANSFORMING HEALTHCARE FOR TOMORROW (PAGES 7 - 28)

To hear from Dr Koh, Chief Executive, Whittington Health on the Trust's 5 year strategy in response to the listening exercise.

11. WORK PROGRAMME 2013/14 (PAGES 29 - 66)

To consider and agree the work programme of the Panel for 2013/14.

12. MINUTES (PAGES 67 - 82)

To agree the minutes of the meeting held on 16th April 2013.

13. JHOSC MINUTES (PAGES 83 - 92)

To note the minutes of the Joint Health Overview and Scrutiny Committee and receive any feedback from the JHOSC meeting.

14. LGG TRAINING SLIDES - 'THE NEW HEALTH LANDSCAPE' (PAGES 93 - 124)

To note the content of the LGG training presentation by Bevan Brittan on 'The New Health Landscape'.

15. FEEDBACK FROM AREA CHAIRS

To receive any items from Area Chairs.

16. NEW ITEMS OF URGENT BUSINESS

17. DATE OF FUTURE MEETINGS

19th September
11th November
12th December (Budget Scrutiny)
27th February 2014

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Friday, 19 July 2013

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Agenda Item 6

Haringey Council

Report for:	Adults and Health Scrutiny Panel	**Item Number:**	

Title:	Terms of Reference – Adults and Health Scrutiny Panel

Report Authorised by:	Cllr Gina Adamou Chair, Adults and Health Scrutiny Panel

Lead Officer:	Melanie Ponomarenko Senior Scrutiny Officer 0208 489 2933 Melanie.Ponomarenko@Haringey.gov.uk

Ward(s) affected:	**Report for Key/Non Key Decisions:**

1. Describe the issue under consideration

1.1. Within the Overview & Scrutiny structure, there is one overarching Overview and Scrutiny Committee and four scrutiny panels. Panels have responsibility for scrutinising their own discrete areas of work, which are:

- Communities;
- Adults and Health;
- Children & Young People;
- Environment and Housing.

1.2. It is important to note that work of the panels is overseen by the main Overview and Scrutiny Committee and that recommendations made by the panels must be approved by the Overview and Scrutiny Committee.

1.3. The Overview and Scrutiny Committee has determined the terms of reference of each Scrutiny Panel. If there is any overlap between the business of the Panels, it is the responsibility of the Overview and Scrutiny Committee to resolve this issue. Areas which are not covered by the 4 Scrutiny Panels shall be the responsibility of the main Overview and Scrutiny Committee.

1.4. **Cabinet Member introduction**

N/A

2. Recommendations

2.1. That the terms of reference for the panel, as approved by the Overview and Scrutiny Committee on 17th June 2013, and as replicated at paragraph 4.2 of this report, be noted.

3. Other options considered

N/A

4. Scrutiny Panels

4.1. Scrutiny panels are non-decision making bodies. The work programme and any subsequent reports and recommendations that each panel produces must therfore be approved by the Overview & Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols. There are generic terms of reference for all of the scrutiny panels.

4.2. **Terms of Reference for Scrutiny Panels**

Policy Development and Review

4.2.1. Any Scrutiny Panels established by the Overview and Scrutiny Committee may, in accordance with Part Two, Article 6.03 (b) of the constitution:

i. Assist the Council and the Cabinet in the development of its budget and policy framework by in-depth analysis of policy issues;
ii. Conduct research, community and other consultation in the analysis of policy issues and possible options;
iii. Consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
iv. Question members of the Cabinet and chief officers about their views on issues and proposals affecting the area; and
v. Liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

Scrutiny

4.2.2. Any Scrutiny Panels established by the Overview and Scrutiny Committee may, in accordance with Part Two, Article 6.03 (c) of the constitution:

i. Review and scrutinise the decisions made by and performance of the Cabinet and council officers both in relation to individual decisions and over time;
ii. Review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
iii. Question members of the Cabinet and chief officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
iv. Make recommendations to the Cabinet or relevant nonexecutive Committee arising from the outcome of the scrutiny process;
v. Review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance; and
vi. Question and gather evidence from any person (with their consent).

Approval of findings and recommendations

4.2.3. Scrutiny Panels must refer their findings/recommendations to the main Overview and Scrutiny Committee for approval prior to referral to Cabinet or the Council as appropriate.

Policy Areas

4.2.4. The policy areas covered by the Adults and Health Scrutiny Panel are as follows (a full list for all panels is contained in Appendix A):

- Adult social care
- Public Health
- Link with CCG
- Health and Wellbeing Board
- Adult health services
- Children's health services
- Transition
- Changes to service provision
- Voluntary sector
- Safeguarding policy

4.3. **Membership of scrutiny panels**

4.3.1. As laid out in the Overview and Scrutiny Protocol individual panels will be chaired by a Member of the Overview & Scrutiny Committee. The total membership of the panel will consist of between 3 and 7 non executive members and be politically proportional as far as possible (including the Chair), and that apart from the Chair, the other Panel members to be non-executive members who do not sit on the OSC.

4.3.2. Each Scrutiny Panel is entitled to appoint up to three non-voting co-optees. The Children and Young People's Scrutiny Panel membership, shall include the statutory education representatives of OSC. It is intended that the education representatives would also attend the Overview and Scrutiny Committee meetings where reports from a relevant Scrutiny Panel are considered.

4.3.3. The membership of the Adults and Health Scrutiny Panel has been agreed as thus:

Cllr Adamou (Chair)
Cllr Bull
Cllr Erskine
Cllr Stennett
Cllr Winskill

4.4. **Cycle of meetings**

4.4.1. As per the Overview and Scrutiny Protocol, the scrutiny panel will meet five times per year, one of which will be a dedicated budget scrutiny meeting.

5. Comments of the Chief Finance Officer and financial implications

5.1. There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by panels generate recommendations with financial implications, these will be highlighted at that time.

6. Head of Legal Services and legal implications

6.1. The Head of Legal Services has been consulted on this report. Under section 9FA of the Local Government Act 2000 an Overview & Scrutiny Committee has the power to appoint one or more sub-committees to discharge any of its functions. In accordance with the

Terms of Reference, the Scrutiny Panel may only report their conclusions/findings/recommendations to the Cabinet or Council with the approval of the main Overview and Scrutiny Committee.

6.2. There are no other legal implications arising from this report.

7. Equalities and Community Cohesion Comments

7.1. Overview and scrutiny has a strong community engagement role and aims to regularly involve local residents in its work. It is anticipated that the new structure will enable local residents to have greater involvement in the work of Scrutiny by making engagement a more integral part of the scrutiny process.

7.2. Scrutiny promotes openness and transparency. All meetings and documents are public and therefore open to local people.

8. Head of Procurement Comments

8.1. N/A

9. Policy Implications

9.1. Scrutiny has a policy development and review role across the Council and with local partners. It is therefore anticipated that the Adults and Health Scrutiny Panel will, during the course of its work, make recommendations which may impact on the policies and practice of the Council and its partners. The implications of such policy changes will be assessed by the panel and highlighted in any recommendations to Overview & Scrutiny Committee and Cabinet.

10. Use of Appendices

10.1. Appendix A – Scrutiny bodies, role and service areas.

11. Local Government (Access to Information) Act 1985

Appendix A – Scrutiny bodies: role and service areas.

Scrutiny body	Exec Lead	Scrutiny roles	Policy service /areas covered
Overview and Scrutiny Committee **Chair:** **Cllr Bull**	Cabinet Leader & Portfolio holder Cllr Goldberg Cllr Strickland Chief Executive Stuart Young Zina Etheridge Julie Parker	▪ Cabinet Q & A ▪ Scrutiny work programme ▪ Ratifying reports of Panels ▪ Budget Scrutiny ▪ Borough wide/cross cutting topics ▪ Call-in ▪ CCFA ▪ Updates on previous reviews ▪ Updates from scrutiny panels	▪ Performance ▪ External Partnerships ▪ Northumberland Park Project ▪ Corporate Policy & Strategy ▪ Communications ▪ Legal services ▪ Human resources ▪ Organisational development ▪ Council Budget ▪ Corporate property ▪ IT ▪ Customer Services ▪ Benefits ▪ Regeneration ▪ Employment/worklessness ▪ Community cohesion ▪ Tottenham Regeneration Project ▪ St Ann's redevelopment ▪ Partnership arrangements ▪ Carbon reduction
Adults and Health **Chair:** **Cllr Adamou**	Cabinet Cllr Vanier Directors: Mun Thong Phung Jeanelle de Gruchy	▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny ▪ Substantial variations (health)	▪ Adult social care ▪ Public Health ▪ Link with CCG ▪ Health and Wellbeing Board ▪ Adult health services ▪ Children's health services ▪ Transition ▪ Changes to service provision ▪ Voluntary sector ▪ Safeguarding policy
Children and Young People **Chair:** **Cllr Newton**	Cabinet Cllr Waters Cllr Goldberg Directors: Libby Blake	▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny	▪ Looked after Children ▪ Fostering and adoption ▪ Education e.g. exam results & school improvements ▪ Youth offending ▪ Safeguarding ▪ Effectiveness of partnership working ▪ Child poverty ▪ Safeguarding Policy
Housing and Environment **Chair:** **Cllr McNamara**	Cabinet Cllr Bevan Cllr Canver Directors: Mun Thong Phung Lyn Garner	▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny	▪ Recycling and waste management ▪ Highways ▪ Sustainable transport ▪ Parking ▪ Parks and Open spaces ▪ Planning & Licensing ▪ Enforcement ▪ Strategic housing policy, social housing, housing allocations.
Communities **Chair:** **Cllr Winskill**	Cabinet Cllr Watson Director/ACE: Zina Etheridge Lyn Garner	▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny	▪ Crime and disorder ▪ Libraries ▪ Culture ▪ Leisure ▪ Equalities ▪ Domestic violence ▪ Area Forums and Committees

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Whittington Health NHS

Transforming Healthcare for Tomorrow

Our five year strategy in response to the listening exercise

Led by our clinicians in partnership with our community

July 2013

Transforming Healthcare for Tomorrow

Introduction

1. This paper was written following a three month listening exercise on the Whittington Health clinical strategy. The listening exercise took place from March to May 2013. It sought the views of stakeholders including our local communities on Whittington Health's clinical strategy as an integrated care organisation, and the implications for estates.

We have listened and changed our plans ... our purpose remains to improve the health of our community

2. The Whittington Health Board and every member of our staff have one common purpose, which is to secure the ongoing provision of the best possible care for the communities we serve. This purpose is at the core of our vision:

> *To be an outstanding provider of high quality joined up healthcare to local people in partnership with GPs, councils and other local providers*

3. To achieve this ambition, we will need to work hand-in-hand with our commissioners, our partners in particular social care, our communities, service users, patients and carers. Together we will meet the challenges and successfully transform our healthcare services.

4. We have listened to local people and have amended our plans. Our overall objective, however, remains to continue to transform as an integrated care organisation. Much of the detail still remains to be worked through. We expect to complete our revised plans, including their financial implications, by December 2013.

5. However, the following principles will now be included:

    - We won't close any beds so long as they are needed by patients and continue to be commissioned. As an integrated care organisation, we are able to look after more people in their homes and to provide more support outside hospital. But as patients are treated closer to home and lengths of stay reduce, we will where possible use the additional bed capacity to meet the potential growth in demand and to develop new services where these are requested by our commissioners

    - We will bring forward plans to upgrade our maternity facilities so that more women will choose to have their baby at The Whittington Hospital. We have the support of our commissioners to expand the capacity of our maternity services beyond the current 4,000 births per year

    - We will continue to rebalance and to develop our workforce to meet the challenges of transforming our healthcare. We will add the necessary

skills and change the skills-mix, but we won't make any changes to our workforce that compromises the quality of care. In the first instant we will reduce our reliance on temporary staff and increase our engagement with our staff

- We will not undertake any future sale of existing properties without consultation with our community. We will retain and continue to use the Jenner and the Whittington Education Centre

6. If we are to meet the challenges we face and remain a high quality provider of care for our local communities, we will need to change the way we deliver our services in the future. This includes:

    - Treating and continuing to support our patients in a co-ordinated fashion in convenient locations. On many occasions this will mean that patients no longer have to go to hospital but can be treated in the community or in their homes and by teams who better understand them and their individual needs

    - Developing new skills to enable our staff to work more productively and in different ways. We are introducing seven day working in the hospital and will use new technologies and better information to support this

    - Making the best use of public money to invest in new facilities from which to deliver our services

7. To make our plans a reality, we need to win the confidence and support of our key stakeholders. We need to show how our proposals for transforming healthcare are both in the best interests of the people we serve, and also affordable. In particular, we need to regain the trust and support of:

    - Our communities, who are passionate supporters of our hospital. We must be able to explain our proposals and what they will mean for patients, service users, our facilities and our staff

    - Our commissioners, especially Islington and Haringey Clinical Commissioning Groups, who are responsible for buying healthcare services on behalf of their patients

    - Our partners, in particular social care but also other providers of care, with whom we will collaborate to deliver services in a more joined up way

    - Our 4,000 staff who are central to the delivery of our plans and in whom we will continue to invest

    - Our governors and 6,500 members, who as we move forward will provide input on behalf of patients, service users, local populations and staff, helping to shape services for the future

- Our regulators, including the Care Quality Commission, the Trust Development Authority and, in due course, Monitor, the regulator of NHS Foundation Trusts, ensuring we continue to meet their requirements and our regulatory obligations

8. Our plans are necessarily ambitious, clinically led, patient focused and underpinned by commissioner demands to improve value. There will be significant changes to the way in which we care for our patients, the settings in which we provide this care, the ongoing support we will give, the skills of our staff and the information systems which support them.

9. The Board is confident that the interests of our communities and patients are best served through the progression of this strategy which underpins our plans for Whittington Health to become an NHS Foundation Trust. Foundation trust status will enable us to secure the future of the organisation and complete the realisation of our vision.

To achieve our ambition, together, we need to change the way we do things ... we have already started on this journey

10. An ageing population, rising birth rates, higher costs of treatments, a growing number of people with long term, often multiple, conditions, are all putting pressure on health services at a time of tight public finances. Providers meanwhile are faced with rising A&E attendances, higher costs of new commissioning standards, increased competition, growing public expectation of their care experience, and funding that isn't increasing in real terms.

11. Compared to how healthcare is currently delivered, going forward the NHS and Whittington Health will have to provide more care to more people with less money. At the same time we also want to improve the experience of care we provide. Across the NHS, healthcare delivery will have to change significantly to meet these challenges. Integrated care, delivered as close to home as possible, provides a major solution at a national level.

12. Whittington Health offers the safety and expertise of a teaching hospital with the convenience and responsiveness of community services. The Whittington Hospital is one of the safest hospitals in the country. We benefit from a highly trained and motivated workforce, excellent rigour in research and academic input, financial stability and some good facilities. But some of our premises are substandard or serve no clinical purpose and remain vacant. We have an obligation to ensure we use our assets in the most productive manner to maximise healthcare value.

13. Our integrated (or co-ordinated) care model will ensure that where the evidence supports it and it is proven to be in the interests of patients, we will reduce the time patients needlessly spend in hospital. Wherever possible patients and service users are to be treated in the community. We will use new technologies to improve communication and deliver more efficient, affordable and effective care closer to home.

14. Already a pioneer in integrated care, we will build on our foundation as an education and training provider of choice in London. We will continue to collaborate with commissioners, social care, Local Education and Training Board, GPs and other healthcare providers to develop new and innovative ways to train tomorrow's doctors and nurses.

15. We have made progress in building a secure platform from which to progress our vision to transform the healthcare we provide for our patients.

    - We are collecting and using better information to help us design and then target our services. We have, for example, begun to build a greater understanding of those patients at the highest risk and who make the most use of our services. This will help us to direct our resources and our new models of care towards the right patients at the right time in the right way

    - We are building strong relationships with partner organisations. Each of the previous organisations that came together to form Whittington Health had their own pre-existing relationships with commissioners, GPs and local authorities. In consolidating as one organisation we are able to work with our commissioners to develop uniform services to reduce health inequalities

    - Information flows and communication are improving, in turn supporting better co-ordination of care. A new electronic health record system is being implemented in The Whittington Hospital in August 2013. It will be rolled out to community services in October 2014. The new IT system will incorporate a dedicated portal providing GPs with immediate access to patients' hospital records. The system will also interface with the social care system, improving information sharing across organisations

    - Our relationship with GPs continues to improve. Dr Greg Battle, Medical Director for Integrated Care and a local GP, provides the Trust Board with an understanding of primary care, which informs strategic decision-making and direction. This ensures that services are developed across the whole care pathway as experienced by our patients and service users

    - As a member of University College London (UCL) Partners, we are engaging in research which benefits our patients

    - We continue to work with UCL and the Middlesex University to train future healthcare professionals. We are developing new training and education programmes on the delivery of integrated care

16. The plans below describe in more detail what we will do. They set out how we will achieve the triple aims of improved health outcomes, lower total healthcare costs and enhanced patient experience.

We have a way to go ..... but we can already describe our goals and the likely benefits for our community of patients, service users and carers

17. We have five main goals. Each of these is described below.

Integrate models of care and pathways to meet patient needs

- Whittington Health will continue to use evidence and research to develop new models of care and pathways that will deliver higher quality, better outcomes and a more financially sustainable position

- Care will only be provided in hospital when it is shown to be clinically appropriate and in the best interests of patients. This means that some services that are currently provided in hospital will be provided by our staff in the community, including patients' homes

- Patients with long term conditions and other high risk patient groups, such as frail older people, make up the majority of emergency admissions. Better care coordination for these key groups will reduce avoidable emergency admissions and acute readmissions

- As an integrated health and care organisation, we will continue to work in partnership with social care to develop pooled budgets to facilitate the integration of intermediate care and reablement services

The achievement of this goal will have measurable beneficial outcomes for our local population:

- Patients and service users will find the care they receive over time becomes more seamless and better co-ordinated. Care will be organised around their needs and not around the premises in which it is provided or the convenience of those providing it

- Community specialist teams and improved technology will reduce the number of times patients and service users are transferred between services and carers, thereby improving the efficiency of care provision

- Our patients, service users and carers will become better informed and, supported by our staff, be able to take part in decisions about their own care and manage their own conditions and treatment

Deliver efficient, affordable and effective services and pathways that improve outcomes

- Whittington Health is implementing more efficient pathways and services. Our plans reflect an evolution in services, workforce and skills mix, hospital wards, technology and our most important partnerships to achieve this

- This means, for an example, a particular focus on redesigning our urgent and emergency care pathways to ensure patients receive care in hospital only when clinically necessary

- We are expanding our successful Enhanced Recovery Programme which helps patients get better sooner. Patients will be encouraged to eat and drink and stay mobile while in hospital and be discharged as soon as they are fit to do so

- Our new Ambulatory Care Centre, located next to our Emergency Department will provide urgent and emergency care in an outpatient setting and avoid unnecessary admissions. For those who require additional support, our district nurses and 'hospital at home' service can provide care in the home or community settings

The achievement of this goal will have measurable beneficial outcomes for our local population:

- The number of avoidable hospital admissions will reduce. Patients will experience shorter length of stay and more day surgery which are better for patients

- Patient Pathway Co-ordinators will co-ordinate the care activities for individual patients with multiple or complex conditions

- A sustainable financial position will enable Whittington Health to re-invest savings in new services, staff and facilities

Ensure "no decision about me without me" through excellent patient and community engagement

- Patients, service users and carers want better communication, access to information and to be involved in decisions about their care. Our ambition is to embed shared decision-making into all our patient facing systems and processes

- Our interactive website 'WH Direct' will provide real time information about our full range of services including waiting times in our Emergency Department and clinics

- 'My WH', our patient portal, due in 2014, will provide on-line access to personal electronic health records. This will enable people to play a more active role in managing their own health. The self-service portal will allow patients and carers to choose and book appointments, view and file letters and test results, and to communicate directly with their health care professionals in a secure and confidential way

- We will further provide patient education and self-management programmes. This will include mobile applications to support people to manage their conditions and self help groups

The achievement of this goal will have measurable beneficial outcomes for our local population:

- With the right information shared in the right way, people with long term conditions will be better placed to manage their treatments with improved support, information and easier access

- Outcomes and patient experience will improve as our staff develop the skills and behaviours to engage more effectively with patients, service users and carers

- Access to information will be improved significantly, for example through the launch of easier to use patient-focused websites and portals, providing relevant information 24/7

Improving the health and well-being of local people

- Whittington Health is committed to supporting a reduction in health inequalities which exist within our local populations. We have a key role to play in reducing premature deaths

- We already provide a wide range of services in the community to keep people healthy and, wherever possible, out of hospital. This ranges from preventive services such as smoking cessation, health visiting and school nursing, sexual health to care provision such as community nursing, therapy services, podiatry, dentistry, paediatrics, audiology, substance misuse, learning disability and wheelchair services

- Our award winning services which are leaders in their fields include, for instance, the Michael Palin Centre for stammering children and Simmons House, a Tier 4 Child and Adolescent Mental Health in-patient unit

- We are working closely with our Clinical Commissioning Groups, social care and third sector organisations to develop supported living schemes, making use of telehealth and rapid response teams. We will continue to play an active role in the Transformation Board and Health and Wellbeing Boards

- The establishment of Academic Health Service Networks enables Whittington Health to work with UCLPartners' members to ensure the rapid introduction and diffusion of innovations and best practice. Combining with our own research and academic strengths will help begin to reduce health inequality across our communities

- We want to encourage people to take greater individual responsibility for their own health and well-being. We can help our communities to do this by endeavouring to use every interaction with our patients and service users to promote health

The achievement of this goal will have measurable beneficial outcomes for our local population:

- Increased participation and involvement in preventive services will improve population health and well-being, thereby reducing health inequalities in our local communities

Change the way we work by building a culture of education, innovation, partnership and continuous improvement

- Whittington Health is a leader in the development of integrated care. To maintain our high profile reputation for quality of care and education, the trust will need to become more flexible, creative and able to deliver more rapid implementation of innovation and change

Examples of how we will continue to transform to support our plans include:

- The creation of an integrated paper free digital organisation by 2015 that provides secure access to relevant real time information

- Strengthening our relationships with strategic partners such as councils, GPs, neighbouring trusts, UCLPartners, our Local Education Training Board and Clinical Commissioning Groups. We also plan to step up our current collaborations with the voluntary and third sectors, including for instance with Marie Curie

The strength of our partnerships will be crucial if Whittington Health is to lead collaborative delivery of a successful integrated care model in an increasingly competitive environment. For example:

    - While the great majority of our community service users are from Islington and Haringey, we also provide services in Camden, Barnet and Enfield. Our strategy is to strengthen our services in our current core markets and then grow our community services into and for the benefit of other areas as opportunities arise

    - GPs, as healthcare providers and commissioners of services, are critical operational partners

    - We already collaborate with other NHS providers such as University College London Hospitals (UCLH), Royal Free, Great Ormond Street, Camden and Islington, and Barnet, Enfield and Haringey, to provide specialist medical, surgical and specialty care including maternity, paediatrics and mental health, and also

some back office functions. Further extending these partnerships will give us resilience and flexibility where scale is required

- We continue to work closely with UCL and Middlesex University to build on our excellent reputation as a provider of high quality education and training for a range of healthcare professions. The closure of Archway campus has resulted in the education facilities on the site being reprovided at the Whittington Hospital site. We are developing an education strategy that will see Whittington Health developing innovative education programmes including in partnership with GPs

The achievement of this goal will have the following beneficial outcomes for our local population:

- There will be a more rapid diffusion of innovation by an educated informed workforce, supported by high quality education and as part of a leading Academic Health Science Centre / Network

- Patients and service users will have the opportunity to participate in research and in the design and development of new models of care

- Whittington Health will maintain operational flexibility to meet changes in the future healthcare needs of our local communities and those who purchase services on their behalf

18. As we achieve each of our five goals we will deliver our overall vision with our communities. If we can demonstrate that we have the skills together with the support of our community, commissioners and partners, Whittington Health will be ready to become an NHS foundation trust. We will then have the opportunity to deliver these plans together.

As we progress how will service user experience change?

19. We have described above what we are going to do to deliver each of our five strategic goals and, at a high level, how this will benefit our communities, our patients, users of our services and carers. But what will this really mean for individual users of each of our services?

20. In more practical terms, our plans will mean:

- Services will be better integrated around the needs of patients and communities, with more care and support provided in the home, the community and intermediate care settings. This will reduce the number of patients who currently face unnecessarily visits or admissions to hospital

- Along with our partners and following a successful pilot in North East Haringey, specialist community teams are ensuring proactive care and better support for patients, in particular, those with long term conditions.

This is in line with plans published by Clinical Commissioning Groups in both Haringey and Islington

The progressive development of our Enhanced Recovery care model will transform the way in which patients are treated, so that:

- Patients who attend the Emergency Department will be assessed and treated quickly, and where clinically appropriate, helped to return home the same day, avoiding unnecessary hospital admission

- When patients need to be admitted, they will be helped to stay more mobile, and to keep eating and drinking. This will help them recover quicker from illness and spend less time in hospital

- On discharge, more joined up support, where appropriate in partnership with others, will be provided for patients who need ongoing care

- Our workforce will be transformed, breaking down barriers between traditional acute and community services. We will encourage and support staff to work around the needs of patients rather than buildings and historical structures, at the same time ensuring a culture of innovation, learning and continuous improvement

- A £7m investment in Electronic Health Records will enable the Trust to embrace Digital First, the national strategy for using technology to transform care. Patient and GP dedicated websites or portals, and an increased use of remote access, including telehealth and telecare will promote independence and improve convenience for patients

- An ongoing programme of capital investment will enable us to offer better facilities or patients, service users and staff. A new £3m Ambulatory Care Centre is due to open winter 2013. We have also set aside £10m to improve the quality of our maternity facilities

- Financial sustainability and security will be achieved as we attract new business from having a reputation as a leading edge and innovative integrated care organisation

21. But perhaps most importantly for people who uses specific services, what changes and improvements can they expect to find? Some specific case related examples are described at the end of this paper.

22. We have described below just some of the care pathways which will be transformed as a result of these plans and some of the likely implications for the users of those services. Our detailed plans for these and other services continue to be developed and these will be available in December 2013.

Enhanced Recovery Programme

Our Enhanced Recovery Programme is transforming how patients are treated across the organisation. This evidence based programme is at the core of our plans.

The historic route was for patients to arrive at the Emergency Department and to then go through a diagnostic process, the end of which was to be admitted or discharged. If admitted, the patient would be treated and then wait to be discharged. Once discharged, in most cases, routine follow up would occur irrespective of actual need. For those with long term or multiple conditions this process would occur regularly.

The Enhanced Recovery Programme treats each patient as active participants in their recovery. Where possible, patients will be treated in our Ambulatory Care Centre and will not need to spend the night in hospital. For those who do need to stay in, they will be helped to eat and drink as well as keep moving while in hospital, which will speed up recovery. The result of the programme is:

- Patients and service users feeling that they are at the centre of decisions about their treatment
- Increased opportunity for them and their carers to discuss their treatment with healthcare professionals
- Avoidance of unnecessary admissions to hospital
- Discharge from hospital with support if required
- Seamless transition across organisations and services

In summary, in the future, our services will look and feel very different:

- Our Urgent Care Centre will continue to provide rapid assessment and treatment for patients with urgent primary care needs and minor injuries

- The Ambulatory Care Centre will provide ‘Home on the same day’ to those people for whom it is suitable. Doctors will diagnose and initiate treatment that can be continued at home, with support if needed from the ‘hospital at home’ team of nurses and therapists. This team will also enable in-patients to return home as early as possible, reducing length of stay and improving the patient experience

- Sick patients requiring emergency care will continue to be treated in the Emergency Department

- The majority of patients undergoing planned investigations and surgery will be efficiently treated in our state of the art Diagnostic and Treatment Centre, where day surgery will be the norm

- Patients will be provided with comprehensive aftercare information and support, including how to make contact with their attending consultant or nurse on discharge

- All patients will receive Enhanced Recovery care packages that have already been implemented successfully in surgical patients and shown to help patients get better sooner. Patients are able to return home and resume full activity quicker after episodes of acute illness

- Deteriorating patients will be cared for in the intensive care unit or in appropriate wards by the critical care outreach team. Continued innovation will ensure we retain our position as one of the safest hospitals, building on Whittington Health's consistent performance with one of the lowest Summary Hospital-level Mortality Indicator (SHMI) in the UK over the last two years

- Following an out-patient consultation or an acute care episode, some patients may need a follow-up appointment. Unless a face-to-face review is requested, patients will be offered as an alternative a choice of telephone, Skype or e-consultation, implementing the NHS' 'digital first' strategy

- For children who attend A&E, 'home on the same day' care will be the model of care whenever possible. Our plans build on the success of the single point of access to our children's services by improving access to acute paediatricians in the community and developing our links with neighbouring providers

- Our health visitors, nurses, therapists and paediatricians work together with schools and children's social services to support and safeguard vulnerable children. Sick children will be looked after as close to home as possible

Long term conditions

Patients with long term conditions such as diabetes, respiratory diseases (COPD), heart failure or chronic pain encounter frequent visits to hospital and regular readmissions for treatment and then follow-up procedures. This may not be in the best interest of patients or what the patient wants. It is also not an effective use of resources.

Better integrated care planning will ensure that these patients will:

- Have access to community based specialist teams who can support them in their own home wherever possible

- Receive personalised care plans as part of our 'Co-creating Health' model that reflects their preferences in relation to the management of their conditions

- Have access to our online portal ‘My WH’ which will allow individuals to:
    - View their personal healthcare records including their care plan
    - Choose and book appointments, view and file letters and test results
    - Access other information relevant to their conditions
    - Communicate with their carers and healthcare professionals in a secure digital environment

- Where appropriate patients will be supported to manage and monitor their condition at home with telehealth and telecare, thereby reducing the need for frequent out-patient follow-ups. Some patients will be able to receive chemotherapy, blood transfusions and other treatments at home rather than having to come to hospital

- Higher risk groups including frail older people and patients with complicated or multiple conditions will be allocated a named care co-ordinator who will be responsible for organising all aspects of their care. The care co-ordinator will be a member of the local Integrated primary care teams

- Patients in these groups will benefit from closer working between our staff and social care, who will provide a rapid response and reablement service at or close to home

Out-patient services

Some of our patients have complained about the apparent absence of co-ordination in out-patient care. Others have expressed frustrations with administrative processes which get in the way of a good experience.

We are implementing changes that will improve access and reduce the time patients spend in out-patients. This will reduce anxiety, improve patient experience and ensure the right treatment is provided in the right place.

Our plans include:

- Centralising receptions in order to improve patient experience on arrival. This will reduce duplication between clinics, increase staffing efficiency and stream patient activity more appropriately

- Integrating health records and clinic preparation functions within the main records library with the aim of improving workflow

- Establishing a central booking function and thereby integrating admissions, appointments and clinical activities

- Implementing a transcription model for the production of routine clinical letters that will be administered centrally. This will free up the Patient Pathway Co-ordination team to provide navigation and specialty administrative support

Maternity and children's services

Caring for women and families during pregnancy and in the early years for their children continue to be core services at Whittington Health.

Whilst Whittington Health has a long tradition of providing high quality maternity services, most of the facilities suffer from sub-standard premises and a historic lack of investment.

We have already committed £10m over the next five years to upgrade the existing maternity facilities. We have an example of what is possible in the modern birthing centre. With the local population projected to grow, we are in discussion with Islington and Haringey Clinical Commissioning Groups to develop a business case for a further £10m investment to increase the capacity of our maternity and neonatal units beyond the current 4,000 births per year.

In addition to the proposed significant investment in premises, we are also planning for further investment in:

- health visiting services - to provide high quality support in early years, which is proven to improve the long term outcomes of both children and expectant mothers. Our plans are to develop a more integrated service focused on the needs of the women and children we look after, supported by training and information

- enabling every woman to have a named midwife who will ensure the provision of personalised, one-to-one care throughout pregnancy, childbirth and the post natal period

Other examples of service developments

In addition to the changes above, we are also planning other improvements and enhancements in our services. These plans align with the main objectives and goals of our commissioners and also the future healthcare needs of our communities.

Our other service plans include:

- Delivering community based public health interventions. The development of our public healthcare services builds on the work we are undertaking to improve our profiling (age, ethnicity, smoking, drinking, obesity and exercise rates) and analysis of health risks in our community

  Examples of this include:
  - Training offered to front-line staff to provide smoking cessation advice to at least level 1 standard

  - Staff such as health visitors, district nurses, dieticians and those who care for people with long term conditions who have increased interactions with the public are offered training to at least level 2 standard
  - Management and development of our other public health and community activities such as our Stop Smoking Service in Islington
  - Screening all adult patients who attend our Emergency Department and Urgent Care Centre for signs of alcohol misuse

- Integration of our gynaecology and sexual health services to develop a co-ordinated and accessible model of care which provides services to women in the right place and at the right time

As our services transform .... so will the skills, training and numbers of the people we need to deliver them

23. We have reflected on the comments and concerns we received about the future numbers and skills-mix of our workforce. We will continue to build our plans to support the delivery of improved services for our patients, service users and carers.

24. As with all NHS organisations, we continue to look carefully at how we can enhance the productivity of our workforce to provide services more efficiently. At the same time we are very conscious of the findings and recommendations from Robert Francis' inquiry at Mid Staffordshire. As funding remains flat and demand for our services and our costs continue to grow, we need to be more productive to remain financially stable. Other NHS organisations are making similar improvements in efficiency and if Whittington Health fails to take these tough decisions we will be left behind.

25. Any changes to numbers of staff, skill mix or roles will always be based on clinically led redesign of the services we provide. Patient safety remains paramount. But what is clear is that the changes in the services described will only deliver the full benefit to our patients and service users if the training, behaviour and skills of our staff also evolve at the same pace.

26. We employ about 3,800 whole time equivalent permanent and bank staff, together with an additional 160 agency staff. The total cost this year is £190m, or 70% of our total revenues. As we become better at providing services in the right location, and support this with information, technology and training, we can be both more productive and deliver better outcomes. Our detailed workforce plans will be developed alongside our service plans and will be available in December.

27. The service transformations will have a significant impact on our staff and skills-mix requirements. We won't make any changes to our staff which compromise the quality of care. Fewer, more complex cases will be cared for in hospital by a smaller number of highly skilled staff. But as wards remain open so we will retain the number and ratio of staff necessary to continue to provide the same high quality care. We will, however, increase the care and

support we provide in the community, with the creation of new roles with a range of skills to treat and support patients out of hospital.

28. Along with the development of our integrated care model will be a continuing emphasis on and investment in training and education, information, technology and innovation to enable improvements in productivity.

29. Whittington Health provides high quality care but we aim to become a great organisation in all we do. These plans will present challenges to ensure we attract and retain the right people with the skills to transform our healthcare delivery within a changing environment. We will support the development of our staff to provide them with the skills necessary to meet these challenges and excel.

30. To move from good to great takes energy, passion, motivation and drive from staff, supported by investment, incentivisation, innovation and proportionate and informed risk taking. Inspirational leadership and staff engagement throughout the organisation are paramount and these will be the key drivers of our continued success. We are taking immediate action to engage more closely with our staff to understand the support and inspiration they need to deliver excellent outcomes.

As our services transform .... so will the premises from which they will be delivered

31. In February 2013 we shared an estates strategy which envisaged the sale of some premises currently either unoccupied or potentially unsuited to the future services we will offer at Whittington Health. It was intended that the funds from the sale of those premises would be reinvested to upgrade our existing facilities or to provide improved replacement facilities.

32. As a result of concerns expressed by a significant number of local residents and other stakeholders we have rethought those plans. The revised principle which underpins our estates plan is that we will only progress with any disposals in consultation with the community and only then when:

    - The property isn't likely to be needed for our current or foreseeable future services

    - Any proceeds are necessary to ensure that we can reinvest in new facilities and also remain financially stable

    - The potential future or proposed alternative usage aligns with the interests of Whittington Health and our clinical commissioners

33. To this end and consistent with this principle the summary of our revised estates plans is as follows:

    - The Waterlow Building: we expect to engage imminently with Islington Council and our local community in the development of a planning brief

for this empty building. This will need to consider the council's planning policies and guidance as well as our commissioners' strategies and plans. The process of developing a planning brief will mean we will not be taking any quick decision about the disposal of this building as we will need to go through a public consultation exercise

- The Nurses Home: we will also include this site in discussions with the local authority and our local community. The cost of bringing this building up to modern standards isn't something we can afford. Higher quality accommodation is available in Sussex Way (half a mile from the hospital) for staff who wish to use it

- The Jenner Building and the Education Centre: we will now retain these premises and continue to use them

34. On 1 April 2013, Whittington Health took over the freehold or head lease of 16 properties across Islington and Haringey. We are tenants in a further 16 properties.

    - Since then the trust has been carrying out due diligence audits of compliance status. This work will be completed by the autumn and any remedial works will need to be funded by the trust on a risk assessed basis

    - A six-facet survey carried out by the trust by March 2013 established the condition of the properties, and an investment programme is under development for 2014/15

    - The trust is currently considering the range of services provided from each site and assessing how those services fit strategically with Service Development plans under development. Recommendations about the future configuration of properties will be prepared for wider consultation in 2014

What will this journey mean for the people who remain at the centre of our plans ... the patients and the communities we exist for?

35. Our plans continue to evolve and will inevitably do so throughout our journey of transformation. Our new commissioners are at the same time evolving their own strategies - affordable integrated care provided closer to home, clinically-led and focused on the users of services remain core objectives. We will continue to work with them to develop plans that will ensure the best healthcare outcomes at an affordable price. If we do that successfully, Whittington Health will in due course become an NHS foundation trust and we will then have the opportunity to work in partnership with others to lead delivery of our plans.

36. Finally, we would like to share some examples of how a multi-disciplinary, cross-organisational approach works. These examples (not their real names) will be multiplied many times over in the future if Whittington Health, with the

support of our communities, has the opportunity to complete the journey we have started.

- Marta is a 52 year old lady with cerebral palsy, reduced pituitary function, asthma, rheumatoid arthritis and an ileostomy. She needs to take medication six times a day. Prior to being referred to Whittington Health's Community Matron Sue, Marta had just been assessed as being eligible for continuing care (as she was unable to measure out her medication) which would have resulted in what little control she had over her life being taken away.

  Sue is familiar with Marta's medical and social history. She discussed the issues of Marta's care with Whittington Health's pharmacist in the community. Together, they devised a flag system for use within the Emergency Department at the Whittington Hospital. The system alerts Sue every time Marta presents in the department. If an admission is not required, Sue will arrange for appropriate support to be provided to allow Marta to remain independent and at home. Integrated working across hospital and community co-ordinated by one person, in this case the community matron, has enabled much better care and at reduced costs, which would not have been possible otherwise.

- Community matrons like Sue have been working closely with hospital colleagues to set up a virtual ward within our ambulatory care service. The virtual ward allows some patients to go home a day or two earlier or avoid hospital admission altogether, secure in the knowledge that they are still being monitored by Whittington Health staff. Virtual ward 'stays' can last anything from 24 hours to 12 weeks.

  How the virtual ward works can be seen in the case of Joy, a patient with a pre-existing neurological condition who had had a fall. Although her diagnostic scans in the Emergency Department were clear, there was a risk of further deterioration and it is usual for such patients to be admitted for 24 to 48 hour observation on the ward.

  Instead, Joy was discharged back to her own home and Sue, a community matron who first saw Joy in the Emergency Department, visited her at home the following day and again at 48 hours post discharge. With follow-up care, Sue was able to allay any concerns Joy or her family might have had about early discharge, thereby allowing her to return home which was what Joy wanted. Being in her own home not only helped Joy to recover quicker but also freed up valuable resources within the hospital. Joy's experience shows how a joined up approach (in-reach into hospitals and out of hospital care) can enable earlier discharge.

- Alice is a 95 year old lady who was referred to the Pharmacy Reablement Team due to concerns about her poor compliance with medications.

  Whittington Health's lead pharmacist for Care of Older People, Jyoti, first raised the case of Alice at the weekly West Haringey Integrated Care Teleconference. A teleconference will involve a multidisciplinary team of healthcare professionals who included Alice's GP, a consultant geriatrician, Haringey Social Services and a community matron. During the teleconference it became clearer that Alice had been prescribed too many medicines, some of which may not be beneficial to her overall care and should be stopped. The teleconference also agreed that a community matron should visit Alice and discuss with her why it is important for her to take the remaining medications. The community matron's visit provided Alice with the opportunity to discuss each of her medicines in detail with a healthcare professional. Understanding how she can better look after herself has now ensured Alice's ongoing medication compliance, with ensuing improvements in her well-being. Alice's experience shows the impact of a joined up, collaborative patient-focused approach, with empowerment through information and the benefits of care provided in the home.

- Our community Muscular Skeletal Chronic Pain clinic adopt a multi-disciplinary approach to the management of chronic pain. The clinic has physiotherapists, a psychologist and a hospital pharmacist, all in one place. Having all three expertises on site facilitates better diagnosis and treatment plans.

  Jim was a patient who had been treated by the chronic pain service. Following a road traffic accident, Jim experienced ongoing chronic pain with neurological symptoms which was affecting his sleep. He was at the time also facing other personal and business-related challenges. When he first presented at the clinic, the team discovered that his original prescriptions were at a sub-therapeutic (too low) level while also giving him adverse side-effects. The physiotherapists, psychologist and pharmacist worked together to devise a treatment plan for Jim. The physiotherapist taught Jim exercises that he could carry out at home to improve his condition. The psychologist helped Jim to understand the nature of chronic pain and what he can do to control his pain. The hospital pharmacist reviewed Jim's medications and was able to recommend to his GP that they should be changed to alternatives that improved his pain management with no side effects. The holistic approach to chronic pain would have been difficult without the integrated approach between our hospital and our community clinics.

37. In conclusion this paper sets out to articulate our clinical strategy as an integrated care organisation. We hope it builds a compelling case on care

closer to home, an ambition we share with our clinical commissioners and social care, who will have to consider its implications. We need to work with them and our stakeholders and local communities to realise this strategy. Its success will enable Whittington Health to continue to play a pivotal role in the transformation of the local NHS for the future.

July 2013

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Agenda Item 11

Haringey Council

Report for:	Adults and Health Scrutiny Panel	**Item Number:**	**11**

Title:	Work programme for 2013-2014

Report Authorised by:	Cllr Gina Adamou Chair, Adults and Health Scrutiny Panel

Lead Officer:	Melanie Ponomarenko, Senior Scrutiny Officer, Strategy & Business Intelligence Melanie.Ponomarenko@Haringey.gov.uk

Ward(s) affected: All	**Report for Key/Non Key Decisions:**

1. Describe the issue under consideration

1.1 This is a report to support discussions by the Adult and Health Scrutiny Panel when setting their work programme for 2013/14.

2. Cabinet Member Introduction

2.1 Not applicable.

3. Recommendations

3.1 The panel are requested to:

1) To agree the work programme for the forthcoming year.

4. Other options considered

4.1 Not applicable.

5. Background information

5.1 The work programme is a fixed item on the agenda of each Adults and Housing Scrutiny Panel meeting to enable members to develop a forward plan of work and to monitor agreed actions.

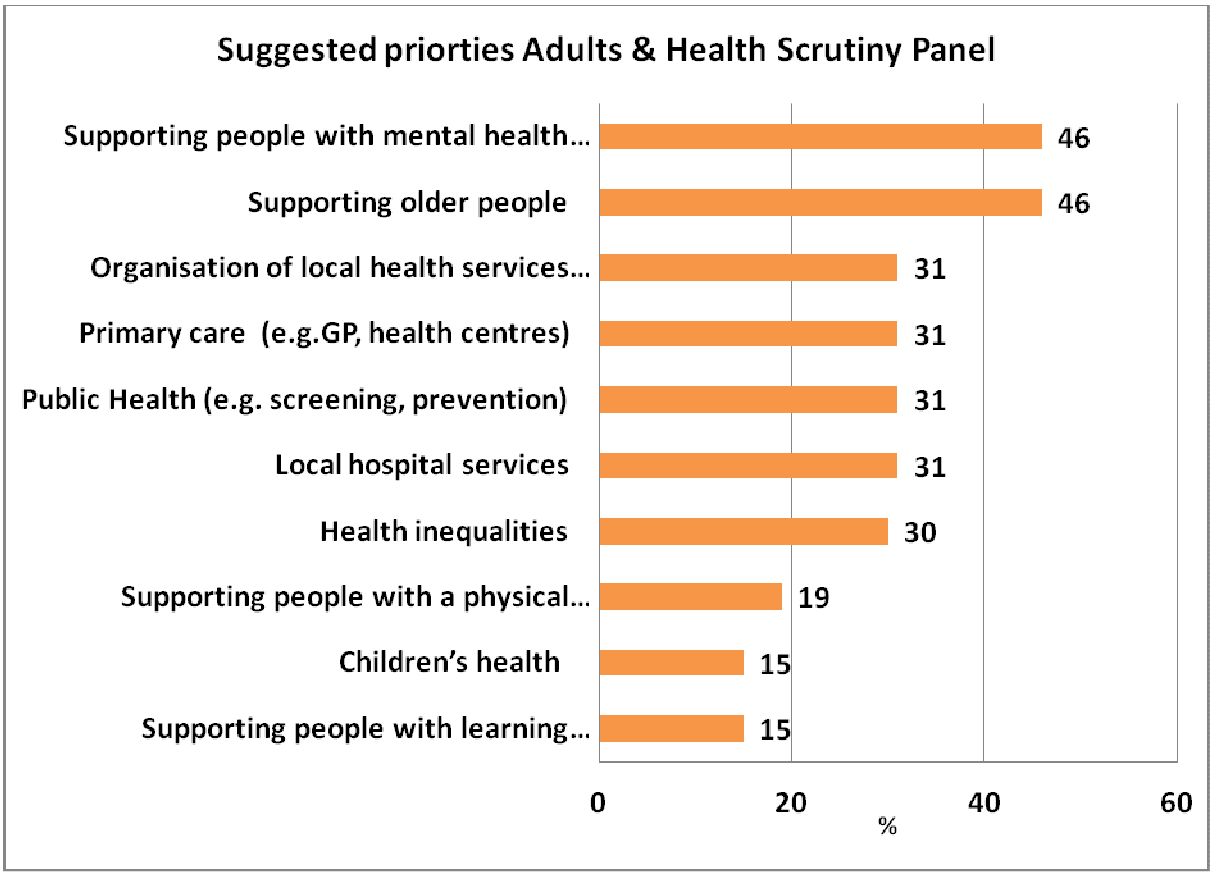
5.2 This report has been produced to support discussions by the Adults and Health Scrutiny Panel in updating and monitoring its 2013/14 work programme. This being the first meeting of the panel, an overview of the work programme formulation to date has also been included.

Adults and Health Scrutiny Panel work programme development

5.3 The main overarching Overview & Scrutiny Committee administered an on line survey among local stakeholders to help identify scrutiny priorities in the year ahead (2013/14). Within the survey participants were able to identify priorities for each of the following scrutiny bodies;

- Overview & scrutiny Committee;
- Adults & Health Scrutiny Panel;
- Children & Young People Scrutiny Panel;
- Communities Scrutiny Panel;
- Environment & Housing Scrutiny Panel;

5.4 155 responses were received to the above survey. From the work areas covered by the A&HSP, the suggested priorities for 2013/14 from respondents are given below:



5.5 The on-line survey received 96 individual qualitative responses which provided specific suggestions for scrutiny to look at in 2013/14, 26 of which related to areas covered by the Adults and Health Scrutiny Panel. A summary of the issues suggested for possible inclusion in the panel work programme is presented below, (all individual suggestions for this panel can be read in their entirety in Appendix A).

- Support to the voluntary Sector
  - Relationship with the council
- Support for people with mental health needs
  - Impact of welfare reforms
  - Accessibility of local services
  - Health inequalities
  - Implications arising from the redevelopment of St Ann's
  - Personalisation issues
- Establishment of Healthwatch
- Structure of local health services
- BAME and long term conditions
- Primary Care (CCG
  - Variations in services
  - How local people are consulted (practice participation groups)
  - Impact of reforms
  - New procurement and entry of private providers
- Improved partnership working (integration)
  - Acute, primary care & social care
- Future of Whittington Hospital
- Support to street drinkers
- Links between health and housing
- How local authority public health duties are coordinated

5.6 Further to the completion of the on-line survey, Scrutiny Chairs met with relevant Cabinet members and senior officers to further discuss issues arising from the survey. Possible inclusion of areas or topics from corporate priorities within the work programme were also discussed.

5.7 From this process an outline programme of scrutiny topics were identified for the Overview & Scrutiny Committee and the four scrutiny panels. These were agreed at the Overview & Scrutiny Committee on June 17th 2013 and are summarised below for the Adults and Health Scrutiny Panel.

One off reports	Further information
111 and Out of Hours services	Update, roll out and performance statistics
Haringey & Francis Report	'Quality Assurance' on CCG plans to ensure Trusts are meeting recommendations
GP access	To consider work being done by the Haringey CCG on improving access to GPs.
Primary Care Strategy	Update and delivery
Budget	Update on MTFP, RAG & 2012 recommendations

Voluntary Sector Commissioning Framework	Support to the voluntary sector
Healthwatch	Structure, governance, complaints, interaction with OSC and work programme for the forthcoming year.
Day Care	What is currently offered? What plans are there for the future?
Response Winterbourne View	
Whittington Health – Integrated Care Strategy	Presentation and overview
Health and Wellbeing Board	
Local Pharmacies	Joined up care pathways and partnership arrangements.
NHS Health checks	Progress update
Project work	
Mental Health	Possible areas of focus: Proposed changes to the way the 'front end' works within BEHMHT Residential / supported living provision in the borough Access to primary care for people with MH issues Physical health for people with MH Recovery College at Clarendon, how it fits into with the multiagency recovery pathway
Sexual Health	One off session
Dementia	One off session
The Laurels	One off session
Ongoing	
Francis Report	Implementation of recommendations
St Ann's site redevelopment	Any Haringey specific Health services aspects

Cabinet Member Question and Answer sessions

5.9 Under agreed scrutiny protocols, Cabinet Members will be invited to attend relevant scrutiny panels twice each year to discuss issues within their portfolio area. The format of Cabinet Q and A is not prescribed and can be varied according to agreement between the Panel Chair and Cabinet member. There is an assumption however, that written questions will not be submitted (or answers provided) in advance of panel meetings.

Budget Scrutiny

5.12 The budget is scrutinised by each Scrutiny Review Panel in their respective areas and subsequent reports produced from their deliberations go to the Overview & Scrutiny Committee for approval. The areas of the budget which are not covered by the scrutiny panels shall also be considered by the main Overview & Scrutiny Committee.

5.13 As per protocol, the Vice Chair of the Overview & Scrutiny Committee shall be responsible for the co-ordination of the Budget Scrutiny process and recommendations made by respective Scrutiny Review Panels relating to the budget.

5.14 To allow the OSC to scrutinise the budget in advance of it formally being set and refer those recommendations to the Cabinet, the following timescale has been discussed between the Vice Chair of OSC and the Assistant Director of Finance (Deputy CFO)

26th June 2013	Government Spending Review
July	Cllr Winskill writes to OSC and Panels outlining budget scrutiny timeline, attaching provisional savings proposals and pre-agreed savings. N.b. Pre-agreed saving are background/context only.
Sept Panel meetings	Panels consider: • Progress in achieving savings from last MTFP; • An update on financial position of Directorates; and • Progress of any agreed recommendations from Budget Scrutiny in 2012.
Budget Scrutiny training **Date: November TBC**	Budget Scrutiny training session for OSC and Panel Members.
November	Draft MTFP agreed at Cabinet
Scrutiny Panels: **A&H –12 Dec**	Scrutiny Panels and OSC scrutinise Draft MTFP and any budget saving identified in their area of responsibility. Cabinet Member for Finance & Senior Officers attend to answer questions.
Early Dec	Local Government Settlement
Dec-early Jan	Actions from Budget Panel meetings and OSC Budget meeting followed up. OSC Budget Scrutiny report formulated ensuring legal and finance comments and input.
23rd January	Final Budget Scrutiny Report and recommendations approved

	by OSC and formally referred to Cabinet.
11th February	Cabinet. OSC recommendations from the Budget Scrutiny process report to Cabinet for response. As part of the budget setting process, the Cabinet will clearly set out its response to the recommendations/ proposals made by the OSC in relation to the budget.
26th February	Budget setting at Full Council

Performance Monitoring

5.15 The corporate performance report will report to Scrutiny Panels and the Overview and Scrutiny Committee twice per annum.

Cabinet Forward Plan

5.16 In considering its work plan, the Adults and Health Scrutiny Panel may wish to consider or note the Forward Plan (future decisions taken by the Cabinet). Items or decisions to be taken by Cabinet which may be of relevance to the panel are given below.

Cabinet Date	Item - decision
10th September 2013	Financial Planning (Budget) Monitoring Monitoring report on the forecast spend against budget and consideration of any proposed budget virements.

6. Comments of the Chief Financial Officer and Financial Implications

6.1 The costs of preparing this report have been met from within existing budgets. It is expected that undertaking Scrutiny reviews will largely involve contributions from existing staff and thus can be contained within current budgets, if additional expenditure is required to undertake reviews then appropriate authority should be received before spend takes place.

7 Head of Legal Services and Legal Implications

7.1 The Head of Legal Services has been consulted on this report.

7.2 Scrutiny Panels are established to assist Overview and Scrutiny Committee with the discharge of its scrutiny functions. Overview and Scrutiny Committee is responsible for determining future scrutiny work programme. Therefore, Scrutiny Panel's work programme must be approved by Overview and Scrutiny Committee.

7.3 There are no other legal implications arising from this report.

8. Equalities and Community Cohesion Comments

8.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern
- Bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identifying and engaging with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- Generating evidence to help identify the kind of services wanted by local people
- Promoting openness and transparency; all meetings are held in public and documents are available to local people.

8.2 A number of engagement processes will be used to support the work of the Adults and Health Scrutiny Panel and members will seek to include representation from a broad representation of local stakeholders. It is expected that any equalities issues identified during this process, will be highlighted and addressed in the conclusions and recommendations of individual reports produced by the panel.

9. Head of Procurement Comments

9.1 Not applicable.

10. Policy Implications

10.1 Recommendations for policy developments arising from the work of the Adults and Health Scrutiny Panel are agreed by the Overview & Scrutiny Committee before submission to Cabinet for approval.

11. Use of Appendices

11.1 The following appendices are included:

- Appendix A – Suggestions for the A&HSP scrutiny panel
- Appendix B – The draft forward plan for the Adults and Health Scrutiny Panel.
- Appendix C – The Corporate Plan 2013/14 and 2014/15

12. Local Government (Access to Information) Act 1985

Appendix A – Suggestions for Adults and Health Scrutiny Panel

A member of a community group or voluntary group (details provided)	Voluntary sector support - taking a strategic view based on the desired relationship between the Council and the sector, as well as the specifics in terms of funding round outcomes
A local resident, community group member - disabled user led group (details provided)	There are increasing inequalities for all disabled people in Haringey. There is no user led disabled people's organisation - we are a local social firm providing training in disability and removing inequality but the local authority does not engage. Others do and are benefiting from our service. We have also set up a user led organisation to campaign for equality in Haringey and have a wide ranging group of people of all disability groups, ethnicity and ages. We want equality for disabled people in Haringey. Now.
A member of a community group or voluntary group (Mental Health Advocate)	adult mental health provision: specifically the difficulty in accessing free counselling services and therapeutic activities for people not currently under care of primary mental health team who are on lowest incomes who are most in need of psychological support. There are more and more demands on what little benefits vulnerable adults receive. Now that people are having to pay towards council tax even when they are on benefits, basic utility bills being higher each year, and also the fact that housing benefit does not cover total cost of rent, people are having to use their ESA and DLA to cover these basic costs and are not able to use them for the reasons they are awarded in the first place. This is leading to an increased pressure on psychological health which I am concerned will eventually cause an explosion of mental ill health, including increased levels of despair, depression and lack of motivation for working towards recovery. I am interested in what information GP's have to give clients who are facing the problems which I have identified above. I am concerned that the constant demand for medical reports to satisfy the endless requirements for further evidence to support benefit claims is causing GP's and other NHS staff to become dismissive of adults experiencing mental ill health and to have a tendency to depersonalise the support they offer more and more, and to provide incomplete and inaccurate information to patients about what their possible sources of support are.
A local resident and community group member (details provided)	1) HealthWatch - nothing seems to be happening on this at all. They don't appear to have even employed a director yet 2) Anti Mental Health stigma campaign -

	seems to have stalled 3) More information to be made available for the new "Personal Health Budgets"
A member of a community group or voluntary group (details provided)	The future structure of local health services, for people with a Long term condition from BAME
A local resident (details provided)	Declining resources locally for people with mental health conditions, including the proposed redevelopment of St.Ann's, at a time when we can assume that mental ill heath is on the increase (eg. rise in suicides in Haringey, continuing cuts to services). The most vulnerable are being left further behind in our community with resultant impact on health inequality issues.
A member of a community group or voluntary group (details provided)	How Haringey supports youth groups and voluntary art sectors and their buildings. The Stylisters Children and youth, Urban Short Cuts, Big peoples Theatre have seen voluntary art groups set-up and leave Haringey in the last 20 years. The Haringey Council has never funded our group despite achieving outstanding outcomes
A local resident (details provided)	a) Primary care b) quality variation, access t services, inflexibility in providing basic services like blood tests in ways convenient to patients (I have examples) c) improve health but also make services more accessible.
A local resident (details provided)	Hospitals, GP's and social care working together. In December my neighbour, aged 70 and in poor general health had a fall and was hospitalised, I had to got to extreme lengths to ensure that he was not sent home until support was in place. I dread to think what would have happened to him if I had not been his advocate. I I could not get any help from his GP, and there was little cooperation /coordination between the hospital and care. Eventually I did manage to get Social Care to provide support for my neighbour but it had been a long, arduous and frustrating process. A sick person deserves better than this. There just has to be a better way of managing this aspect of the care of older people.
A member of a residents association (details provided)	Supporting Citizens Advice centres with funding, bearing in mind that they have been cut at a time when more people need them than for decades in the past. B and C Government cuts are short-sighted. They are likely to build up huge problems in the future. 2. b. Government policies are forcing
A local resident, community group and residents association member (details provided)	The integration of health and social care with particular reference to older and or disabled people living in the community
A local resident and community group member (details provided)	It is crucial to examine how local health services are being delivered under the new law, and how local authority public health responsibilities are coordinated with NHS services. In particular, how the LA is taking

	responsibility for developments at St Ann's Hospital.
A local resident (details provided)	The care of Haringey's vulnerable groups. The aged and those with mental and physical disabilities.
A representative of a local public service	Links between housing and health. It's a big agenda nationally and we don't appear to be doing anything locally.
A local resident and community group member (details provided)	Personal budgets for mental health users. Lack of transparency. Will rely less on other services and make area safer.
A member of a community group or voluntary group (details provided)	a) Tendering of Health Services. b) I have sat as a patient representative on stroke and non-stroke tendering panels and am extremely concerned that health services are being tendered and are liable to be privatised and secondly that patient priorities are not considered important. I have not been particularly impressed by the officials who are involved in this process. c) I am concerned that we will lose our national health service to inadequate private suppliers who can win tenders.
A local resident (details provided)	Future of Whittington Hospital
A member of a community group or voluntary group (details provided)	Targeted work with street drinkers
A member of a community group or voluntary group member (details provided)	St Ann redevelopment and REAL consultation on wider Health aspects not just planning. Publicity re HWBs, Healthwatch and the CCG and health structures.
A local resident (details provided)	. [2] a) The future structure of local health services. b) with the reorganisation of the NHS, it would important to see how the local health services could complement the health provision affected by the recent reorganisation of the NHS. c) Essential that any gaps exposed by the reorganisation should be plugged.
A local resident	The worrying privatisation of the health service and how this will impact on GP's freedom to practice as they see fit., I have already heard of GP's saying that they can no longer refer directly to consultants. The importance of patient participation groups in all group practices and the role of the CCG's especially their accountability to local people i.e. involving the community by consulting before major decisions are made effecting their health issues.
A local resident	Local health services - to make sure there is community involvement in their planning.
A member of a community group or voluntary group member (details provided)	The impact of proposed closures at the Whittington Hospital on Haringey residents; encouraging patients always to ask for a genuine NHS provider when being referred somewhere by their GP - not a private provider using the NHS logo.
A local resident (details	The future of health services in the area, including the

provided)	ability of the CCG to preserve the good points of our existing NHS, the future of the St Ann's Hospital site as a place where facilities could be installed to redress health inequalities in the borough; the absence of A and E facilities within the borough and the increased pressure on the Whittington's A and E, elderly care and several other departments as it downsizes
A local resident (details provided)	how new role of public health incorporated in NHS and Social Care Act, 2013 is to be implemented in Haringey. I am particularly concerned to protect the current array of services from private sector takeover or replacing, and to aid CCG in commissioning public and preventive services. Community health is also at risk from budget restrictions and will need close monitoring
A local resident, community group and residents association member (details provided)	a) St Ann's Hospital redevelopment b) When the process started the local community was promised a state of the art healthcare campus. As the plans have progressed it is obvious the needs of the local community are being overlooked so the Mental Health Trust can rid itself of the site that it sees as a liability, but in reality has huge potential to be an asset to local people and support regeneration efforts. Even though many agencies provide services on the site no one seems to be taking an overall view and supporting the integration of services. The CCG should be doing this but they seem to be absent from the process. Whittington Health have a really sensible proposal to integrate children's services on the site, bringing together, health, mental health and local authority services together to focus on the young person, not their organisational boundaries. Nothing has happened. This isn't just about money it is about working together. Similarly, since the Mental Health Trust reversed its decision to move the inpatient wards to Chase Farm there is an opportunity to integrate primary mental healthcare, acute services and 'recovery houses' to provide a seamless - non stigmatising - service. Nothing has happened. c) The site is a community health resource, at the very least the plans should demonstrate how they will improve health overall and reduce health inequalities. An independent healthcare needs assessment should be undertaken as a matter of priority so we get the services we need, now and in the future, not just a collection of disparate services shoved together on a corner of the site.
A local resident (details provided)	Social Services and Health. In particular how all the services from GPs to NHS work together to support those at home and also support of those who care for them. It is an important area as there are a growing number of people who now with personalised budgets

	rely on the integration of services to support them. 2) To review how the council holds care agencies to account and how the contracts are set-up to provide good quality home care to those who require it and investigate the use of zero hour contracts as a means of cutting costs. I feel that this is important as I believe there are a number of residents who receive only minimal contact and support as contractors are using the system of zero hour contracts and excluding travel time so that they pay less. This has a wellbeing impact on residents.
A local resident (details provided)	Help elderly people who are isolated to join in dance and exercise or computer groups. so that we can create a society that works as a group and can help each other.
A local community group (details provided)	Waiting times for counselling treatment for mental ill-health are reported to be very long; the doctors were obliged to prescribe drugs while patients waited to be seen. Could the committee investigate waiting times in Haringey and urge that more counsellors are employed as appropriate? Concern was expressed at the loss of the 'crisis centre' for mental health patients. Could the committee examine the services available for mental health patients needing support? Many people said that confidentiality rules were making it difficult for carers and relatives to vulnerable patients to the extent that some appointments were missed and carers excluded from consultations. Can the OSC examine whether professional staff interpret regulations in caring fashion? The councillor present, had been approached by patients that had received correspondence addressed to their homes about electronic means of providing repeat prescriptions. There are concerns about a private firm having their addresses. The councillor can explain further.

Appendix B – Adults and Health Scrutiny Panel – forward plan

Date	Meeting	Item and lead officers
29/07/13	**Panel Meeting**	**Terms of reference** Report for panel (Scrutiny) **Work Programme** Report for panel (Scrutiny)

		Whittington Health **Haringey Stat – Mental Health** **Scoping for Mental Health projects**
19/09/13	**Panel Meeting**	**Cabinet Q & A** Cllr Vanier – Cabinet Member for Health and Adult Services **Budget Monitoring** Budget Monitoring report on service areas covered by A&HSP Update on recommendations of Budget Scrutiny Directorate update **Performance Monitoring** Report on service performance in areas covered by A&HSP **Response to Winterbourne View** **Primary Care Strategy** Update on delivery **Scoping Reports** Agree scoping reports for planned work
11/11/13	**Panel Meeting**	**111 & Out of Hours Services** **Haringey and Francis Report** **NHS Health Checks update**
12/12/13	**Panel Meeting**	**Budget Scrutiny** Consideration of proposals (savings) arising from MTFP
27/02/14	**Panel Meeting**	**Cabinet Q & A** Cllr Vanier – Cabinet Member for Health and Adult Services **Improving GP Access** **Local pharmacies**

Items to be scheduled:

- Voluntary Sector Commissioning Framework
- Healthwatch Haringey
- Day Care
- Whittington Health – Integrated Care Strategy
- Health Assessments of Looked After Children
- Health and Wellbeing Board
-

Topic focused evidence gathering sessions to be scheduled on:

1) Sexual Health
2) Dementia
3) The Laurels

Haringey's Corporate Plan:

One Borough, One Future

2013/14 – 2014/15

www.haringey.gov.uk

Haringey Council

Foreword by the Leader

This Corporate Plan sets out the council's strategic direction for the next two years. Our vision of 'One Borough, One Future' guides our work. I am determined that everyone who lives in Haringey should have the opportunity to lead a successful and fulfilling life. To help us achieve this the overarching principles of promoting equality and empowering communities will underpin everything we do.

We recognise that outstanding educational provision is fundamental. We want all of Haringey's children to have the best start in life so that they can lead successful and prosperous lives in adulthood.

Creating economic opportunities is at the heart of our priorities; they will enable individuals and families to fulfill their potential.

In order to deliver those opportunities, and ensure all our residents can make best use of them, we will work with our partners to improve community safety and support our communities to improve their health and wellbeing.

To deliver this ambitious agenda means the Council being better than it is now – both in delivering high quality services, and in the way it works. Our final outcome is therefore to achieve 'a better council'.

Councillor Claire Kober
Leader, Haringey Council

Plan on a page

Our vision: One Borough, One Future

Principles underpinning all our priorities

A one borough focus – serving all residents in the borough with high quality services
Investing in prevention and early help – improving the life chances of residents and reducing costs
Promoting equality – tackling the barriers facing the most disadvantaged, enabling them to achieve their potential
Empowering communities - enabling people to do more for themselves
Working in partnership - leading local partnership so that we achieve more, together

The outcomes we are seeking	Priorities
Outstanding for all: Enabling all Haringey children to thrive	1. Work with schools, early years and post 16 providers, to deliver high quality education for all Haringey children and young people 2. Enable every child and young person to thrive and achieve their potential
Safety and wellbeing for all: A place where everyone feels safe and has a good quality of life	3. Make Haringey one of the safest boroughs in London 4. Safeguard adults and children from abuse and neglect wherever possible, and deal with it appropriately and effectively if it does occur 5. Provider a cleaner, greener environment and safer streets 6. Reduce health inequalities and improve wellbeing for all
Opportunities for all: A successful place for everyone	7. Drive economic growth in which everyone can participate 8. Deliver regeneration at priority locations across the Borough 9. Ensure that everyone has a decent place to live
A better council: Delivering responsive, high quality services and encouraging residents who are able to help themselves to do so	10. Ensure the whole council works in a customer focussed way 11. Get the basics right for everyone 12. Strive for excellent value for money

Our corporate programmes

Haringey 54,000 – delivering our vision of Haringey being a place where children and young people are known to thrive and achieve.

Tottenham Regeneration – delivering regeneration to four key areas: Northumberland Park, Tottenham Hale, Tottenham Green and Seven Sisters, and Tottenham High Road.

Customer Service Transformation – substantially increasing customer satisfaction through improved quality of service (including offering high quality web access and a more personalised service).

Corporate Infrastructure Programme – ensuring that services which support the frontline are effective and efficient, delivering the 'Improving Haringey' initiative for 'getting the basics right', 'value for money' and 'managing well'.

Our Outcomes and how we will achieve them

To help us deliver our vision of 'One Borough, One Future' we have set four key outcomes for the period of this plan:

- **Outstanding for all:** Enabling all Haringey children to thrive
- **Safety and wellbeing for all:** A place where everyone feels safe and has a good quality of life
- **Opportunities for all:** A successful place for everyone
- **A better council:** Delivering responsive, high quality services

We will deliver these outcomes in ways which meet our overarching principles:

- **A one borough focus** – serving all residents in the borough with high quality services
- **Investing in prevention and early help** – improving the life chances of residents and reducing costs
- **Promoting equality** – tackling the barriers facing the most disadvantaged, enabling them to achieve their potential
- **Empowering communities** – enabling people to do more for themselves
- **Working in partnership** – leading local partnerships so that we achieve more, together

We have set a number of key priorities against each outcome. The plan sets out the main activities that will achieve those priorities, and the targets and key performance indicators we will use to measure our progress.

Annex A lists the key projects that will deliver the priorities and activities. Our four corporate programmes support the delivery of all outcomes. Sitting under the Corporate Plan are business plans for each service area which set out in more detail how they will deliver both corporate priorities and business as usual activities.

Everyone who works for the council should have a set of job objectives for the year which link through to the plan for their service.

Achieving equality is at the core of all the outcomes above measured by the Gini-coefficient of inequality. Page 15 of this plan sets out the corporate equality objectives that we will working towards over the two years.

Progress against the Corporate Plan will be monitored via quarterly performance monitoring provided to Directors and the council's Cabinet. Reports are published on the council's website.

Our corporate programmes:

These will support elements of all of our key outcomes

1. Haringey 54,000

A programme to deliver our vision of 'Haringey being a place where children and young people are known to thrive and achieve'. It seeks to achieve sustainable improvement in outcomes for children, young people and families with a particular focus on:

- ensuring all families can access a high quality educational offer in the borough
- promoting resilient families, by acting as a catalyst for a wide selection of high quality universal or targeted borough-based child and family activities
- providing high quality safeguarding to those who need it.

2. Tottenham regeneration

A Plan for Tottenham sets out a vision for the area from 2012 to 2025. Extensive consultation with residents, businesses and potential investors has provided a clear picture of the outcomes required for:

- a stronger local economy
- more high quality housing
- excellent public spaces and transport
- confident communities

The programme is designed to deliver these outcomes through the regeneration of the four key areas of: Northumberland Park, Tottenham Hale, Tottenham Green, Seven Sisters and Tottenham High Road.

3. Customer Service Transformation

The vision behind this strategy is that we will be a trusted and confident customer service organisation that meets the current and future needs of our customers in an efficient and effective way.

This will be achieved by increased customer satisfaction through improved quality of service, including high quality web access and a more personalised service. It will mean increased job satisfaction for staff arising from increased empowerment to resolve customer requests and will produce efficiency savings, a reduction in overall service costs, and improved data for residents and councillors.

4. Corporate Infrastructure Programme

The aim of the infrastructure programme is to ensure that services which support the frontline are effective and efficient in order to enable the council to deliver services successfully and achieve its priorities. The programme will also support the 'Improving Haringey' initiative for:

- Getting the basics right
- Value for Money
- Managing well

Outstanding for all:

Enabling all Haringey children to thrive

What are we seeking to achieve, and how:

Priority 1: Work with schools, early years and post 16 providers, to deliver high quality education for all Haringey children and young people, through:

- Better information for parents to support informed school choices
- Supporting and challenging schools to improve
- Working with schools to further develop peer to peer support networks
- Improving the quality of services we offer to schools and children's centres
- Improving governors' skills, including through developing alternative governance models
- Establishing a fund for innovative practice within schools
- Ensuring that there is a sufficient, high quality offer across education, training and education opportunities to support the 'Raising the Participation Age' (that is the age to which all young people must continue in education or training)
- Establishing a 14-19 partnership board

Priority 2: Enable every child and young person to thrive and achieve their potential, through:

- Increasing the number of high quality early years places so more children can benefit
- Encouraging our children and young people to become responsible and active citizens
- Building the capacity of family members to support each other, especially through the Families First programme
- Providing timely adoptive placements for every child who needs one
- Actively managing risk so that fewer children require protection plans of care

Key performance indicators and targets

We will measure progress against our priorities through the following key performance indicators and targets

Priority 1: Work with schools, and early years and post 16 providers, to deliver high quality education for all Haringey children and young people (to be achieved by June 2013 unless otherwise stated):

- Reduce the gap between the lowest achieving children and the rest at the Early Years Foundation Stage to 31%
- Increase the percentage of children achieving level 4 or above in combined reading, writing and maths at Key Stage 2 to 78%
- Increase the percentage of pupils achieving 5 or more A*- C grades at GCSE including English and Maths (Key stage 4) to 63%
- Increase the proportion of 19 year olds achieving Level 2 (GCSE A*-C) to 86%; and those achieving Level 3 (A level) to 61%
- Reduce the percentage of 18 year olds not in education, employment or training to 3.6%
- Reduce the percentage of 18 year olds for whom their education, employment or training status is not known to 9.5%
- Increase the proportion of schools and children's centres rated as good/outstanding to 100% by 2016

Priority 2: Enable every child and young person to thrive and achieve their potential (to be achieved by March 2014 unless otherwise stated):

- Ensure that 80% of vulnerable 2 year olds and 90% of vulnerable 3 and 4 year olds take up their free early years place
- Increase the percentage of children achieving at least 78 points across the Early Years Foundation Stage (at age five) to 61% by June 2013
- Reduce the average time between a child who has been placed for adoption, entering care and moving in with its adopted parents to less than 637 days
- Complete 20 adoptions and 25 special guardianship orders
- Stabilise the number of children on child protection plans to 250
- Support 337 families through the Families First programme
- Increase the percentage of women with access to maternity services by 12 weeks to 80% by 2015

Safety and wellbeing for all

A place where everyone feels safe and has a good quality of life

What are we seeking to achieve, and how:

Priority 3: Make Haringey one of the safest boroughs in London, through:

- Supporting the Community Safety Partnership in driving reductions in crime in priority areas of the borough, and in particular act to reduce gang activity, reduce anti social behaviour and support integrated offender management
- Increasing resources and interventions to tackle domestic violence, and developing a seamless service for those experiencing violence
- Increasing community confidence, working with partners to build trust and engagement in community safety and reduce fear of crime

Priority 4: Safeguard children and adults from abuse and neglect wherever possible, and deal with it appropriately and effectively where it does occur, through:

- Providing an effective early help offer to families to deal with emerging problems whilst retaining independence
- Ensuring that local safeguarding arrangements are connected, responsive and provide good outcomes
- Embedding safeguarding practice, delivering high quality services to those who are most vulnerable, and ensuring that people feel safe
- Ensuring that every employee of the council, its partners, and those who deliver services on its behalf understand their role in safeguarding

Priority 5: Provide a cleaner, greener environment and safer streets by:

- Improving the quality of our parks and open spaces
- Maintaining excellent standards of cleanliness in the borough's streets
- Improving road safety

Priority 6: Reduce health inequalities and improve wellbeing for all through:

- Coordinating the work of the Health and Wellbeing Board and contributing to the delivery of its strategy by strengthening our prevention and early intervention offer
- Ensuring children and young people develop the skills for healthy living and healthy relationships
- Enabling young people and adults to exercise choice in reproductive and sexual health
- Tackling the life expectancy gap by improving men's health, strengthening our targeted behaviour change programmes
- Offering more choice, control and greater independence through personal budgets to support those living with long-term ill health and disabilities
- Increasing coordination of personal care by commissioning and delivering health, social care and housing services in a joined up way

- Ensuring integrated, effective services for people experiencing poor mental health
- Supporting people with severe mental health issues to have secure housing
- Further increasing the number of health checks and health action plans for people with learning disabilities

Key performance indicators and targets

We will measure progress against our priorities through the following key performance indicators and targets (to be achieved by March 2014 unless otherwise stated):

Priority 3: Make Haringey one of the safest boroughs in London

- Ensure that the proportion of referrals to the MARAC which are repeat referrals is not higher than 5%
- Work with 70 young people involved in gangs and ensure that at least 56 (80%) are engaged and retained at the end of the year
- Increase the number of offenders in the Integrated Offender Management cohort from 70 to 310 over 4 years (40 in 2013/14 and 60 per year thereafter)
- Reduce the youth re-offending rate to no more than 40%
- Increase the percentage of residents who feel that the council and police are dealing with crime and anti-social behaviour effectively to 59%
- Reduce incidents of reported anti-social behaviour by 5% year on year for four years

Priority 4: Safeguard children and adults from abuse and neglect wherever possible, and deal with it appropriately and effectively where it does occur

- Ensure that 95% of children referred to social services are seen within 10 days
- Ensure that 85% of assessments are completed within 45 working days
- Reduce the proportion of looked after children placed more than 20 miles from Haringey to no more than 16%
- Ensure that no more than 7% of children subject to a child protection plan have a child protection plan lasting 2 years or more
- Ensure that no more than 10% of looked after children have three or more placements in the year
- Increase the proportion of adult social care users who state that the services they use make them feel safe and secure to 85%

Priority 5: Provide a cleaner, greener environment and safer streets

- Maintain green flag status for 16 Haringey parks
- Ensure that 65% of parks inspected are graded to a high standard (A or B) of cleanliness
- Ensure that the proportion of land with an unacceptable level of litter does not exceed 8%
- Ensure that the proportion of land with an unacceptable levels of detritus does not exceed 13%
- Reduce the number of fly tips reported by residents and Members by 10%
- Reduce the number of people killed or seriously injured on Haringey roads by 5% each year (based on a rolling 3 year average)

Priority 6: Reduce health inequalities and improve wellbeing

- Reduce Haringey's under 18 conception rate to 28.7 per 1,000 by 2015
- Halt the rise in childhood obesity amongst 4-5 years olds and 10-11 years olds
- Reduce cardiovascular mortality to 76 per 100,000
- Ensure that alcohol related hospital admissions do not increase by more than 6% (2,523 admissions)
- Increase the proportion of adult social care users in receipt of a Personal Budget to 70%
- Increase the percentage of adult social care users reporting that they have control over their daily life to 75%
- Increase the proportion of adults with learning disabilities living in settled accommodation to 80%
- Increase the proportion of social care clients aged 65 and over achieving independence through rehabilitation to 90%
- Increase the proportion of adults that are in contact with mental health services and living independently to 80%
- Increase the number of people with learning disabilities who receive an annual health check to 86%

Opportunities for all:

A successful place for everyone

What are we seeking to achieve, and how:

Priority 7: Drive economic growth in which everyone can participate through:

- Producing a growth strategy for the borough and Upper Lee Valley, linking to the Stansted Growth Corridor, and including growth in the low carbon economy
- Developing an integrated approach to skills and employment provision
- Improve our High Streets including thorough physical improvements and town centre partnerships
- Supporting Haringey residents into employment, with a focus on young people

Priority 8: Deliver regeneration at priority locations across the borough by:

- Delivering a cohesive programme of physical, social and economic renewal for Tottenham
- Ensuring wide engagement in the Tottenham programme to secure local, corporate and partner ownership
- Delivering major physical change projects in key regeneration sites across the borough

Priority 9: Ensure that everyone has a decent place to live by:

- Increasing the supply of new homes including affordable housing
- Tackling poor quality, overcrowded or unsafe private rental sector housing, ensuring private rented sector housing meets required standards and taking robust enforcement action where it does not
- Reducing and preventing homelessness
- Increasing the energy performance of homes and tackling rising fuel costs

Key performance indicators and targets

We will measure progress against our priorities through the following key performance indicators and targets (to be achieved by March 2014 unless otherwise stated):

Priority 7: Drive economic growth in which everyone can participate

By March 2014:

- Reduce the proportion of the working population claiming job seekers allowance by 10%
- Support 65 young people into work
- Facilitate the creation of 100 apprenticeships for Haringey residents under 25 years of age
- Support 300 people into work through the Jobs for Haringey programme, 30% of who will be young people
- Support 80 people into work through the Haringey HUB and work with DWP in response to the impact of the Benefit Cap
- Support the development of a cooperative business model for eco retrofit involving more than 10 local enterprises and over 5 community organisations

Priority 8: Deliver regeneration at priority locations across the borough

- The following are key milestones for current regeneration projects to be met by 2014:
  - New Sainsbury's superstore opened in Northumberland Park
  - 100 new homes completed as of part of Tottenham Town Hall development
  - Flexible work spaces for new businesses available in Tottenham Green and Seven Sisters
  - Tottenham Hale gyratory works complete
- Facilitate the delivery of key regeneration projects across the borough, including Alexandra Palace, St Ann's, St Luke's and Hornsey Depot
- Provide support to local communities working for a neighbourhood plan in Highgate
- Wood Green Area Action Plan produced and adopted by 2015
- Business plan for a strategic low carbon heat network completed

Priority 9: Ensure that everyone has a decent place to live

- Deliver 820 housing units annually, 50% of which should be affordable
- Re-license 90% of mandatory Houses in Multiple Occupation where licenses have expired
- License an additional 100 properties within the 'additional licensing scheme' in Harringay ward
- Reduce the number of households in temporary accommodation to 2,800
- Prevent homelessness – reduce homelessness acceptances per thousand population (target to be agreed)

A better council:

Delivering responsive, high quality services; encouraging residents who are able to help themselves

What are we seeking to achieve, and how:

Priority 10: Ensure the whole council works in a customer focussed way by:

- Adopting a strategic approach to prevention and early help
- Adopting a 'digital by default' approach where appropriate
- Ensuring that we effectively understand our customers
- Ensuring all council staff act as ambassadors for the council and frontline staff act as 'eyes' for the council as a whole

Priority 11: Get the basics right for everyone through:

- Ensuring council staff consistently 'get it right, first time' when delivering services and responding to enquiries and complaints
- Planning and delivering consistently good standards of universal services across the borough
- Ensuring our corporate services deliver effective support to our frontline services, setting and achieving benchmarked service quality targets

Priority 12: Strive for excellent value for money by:

- Ensuring every service delivers excellent value for money in line with the best examples from other organisations
- Substantially improving commissioning capability and improving procurement
- Developing a culture of openness and high performance for everyone who works for the council
- Adopting a targeted approach to the delivery of non universal services
- Optimising the use of council office space

Key performance indicators and targets

We will measure progress against our priorities through the following key performance indicators and targets (to be achieved by March 2014 unless otherwise stated):

Priority 10: Ensure the whole council works in a customer focussed way

- Ensure that 82% of calls are resolved first time
- Increase the proportion of calls answered (call centre) to 90%
- Increase the proportion of complaints upheld by the Ombudsman where no fault was found following investigation to 70%
- Reduce waiting times at Customer Services Centres so that 75% of personal callers are seen in 20 minutes
- Increase access to council services through on-line - target to be agreed
- Increase visits to Haringey libraries by 10% by 2015/16

Priority 11: Get the basics right for everyone

- Reduce the percentage of principal roads where maintenance should be considered to 15%
- Increase the percentage of minor planning applications processed within 8 weeks to 65%
- Increase the percentage of other planning applications processed within 8 weeks to 80%
- Increase the percentage of major applications processed in 13 weeks to 65%
- Increase the proportion of residents returning completed electoral registration forms to 90%
- Increase the percentage of staff receiving performance appraisals to 95%

Priority 12: Strive for excellent value for money

- Ensure that 92.5% of council tax is collected in year
- Increase the proportion of household waste recycled to 35.4%
- Reduce the rate of delayed transfers of care to 8.0 per 100,000 population
- [Basket of unit cost indicators being finalised]

Equality for all:

Our corporate equality objectives

Achieving greater equality for all Haringey residents is at the heart of the council's corporate equality objectives. Each of the outcomes and priorities in this Corporate Plan should promote greater equality. However, we believe that some actions have a much greater impact than others in achieving equality, and these are listed below. In previous years we have reported separately on our equality objectives, however in recognition of how important achieving equality is to our vision, from now on we will report progress in line with quarterly report on this plan. In addition to the objectives singled out below, we will continue to publish equality impact assessments and the annual employment profile, and work to ensure all council employees and Councillors understand and follow their equalities duties.

Corporate Plan Outcomes and priorities	Key Corporate Equality objectives 2013/15
Outstanding for all **Priority 1:** Work with schools, early years and post 16 providers, to deliver high quality education for all Haringey children & young people **Priority 2:** Enable every child and young person to thrive and achieve their potential	■ Narrow the gap amongst under-performing groups
Safety and wellbeing for all **Priority 3:** Make Haringey one of the safest boroughs in London	■ Support young people who are victims of crime
Priority 4: Safeguard children and adults from abuse and neglect wherever possible, and deal with it appropriately and effectively where it does occur	■ Safeguard children and vulnerable adults
Priority 6: Reduce health inequalities and improve wellbeing for all	■ Reduce the gap in male life expectancy between the east and the west of the borough ■ Increase maternity access at 12 weeks ■ Reduce Haringey's under 18 conception rate ■ Halt the rise in childhood obesity
Opportunities for all **Priority 7:** Drive economic growth in which everyone can participate **Priority 8:** Deliver regeneration at priority locations across the borough **Priority 9:** Ensure that everyone has a decent place to live	■ Develop work skills programmes focussing on young people ■ Regenerate the most deprived areas of the borough ■ Ensure that our housing allocation processes do not negatively impact on any of the protected groups
Better for all **Priority 12:** Strive for excellent value for money	■ Promote the equal opportunity policy through procurement and commissioning

Annex A:

Projects and initiatives to deliver the Corporate Plan

Outstanding for all: projects and initiatives

Priority 1: Work with schools, early years and post 16 providers, to deliver high quality education for all Haringey children and young people

- Deliver the recommendations of Outstanding for All
- Implement the Early Years Strategy and recommendations from the Children's Centre review
- Implement the Strategy for raising the Participation Age (the raising of the age to which all young people must continue in education or training)
- Further develop the Performance Management Framework for Children's services, including quality of practice audits

Priority 2: Enable every child and young person to thrive and achieve their potential

- Develop a better integrated approach to family support through reshaping children's centres and libraries
- Expand the Families First programme and develop partnership based solutions to get families into work and children into school, making a positive contribution to the community in which they live
- Ensure that there are sufficient places for vulnerable two year olds and that Children's Centres outreach targets the families most in need of places
- Complete review of Common Assessment Framework arrangements improving the quality and timeliness of assessments and interventions

Safety and wellbeing for all: projects and initiatives

Priority 3: Make Haringey one of the safest boroughs in London

- Appoint a single, strategic commissioning lead for domestic violence and appoint additional independent domestic violence advocates
- Complete a mapping project in year one to understand the increase in reported domestic violence incidents across the borough
- Deliver healthy and safe relationship training in schools
- Work with partners to deliver the Community Strategy Partnership action plan to improve communications, consultation and engagement
- Commission crime prevention and confidence projects for young people with trained Young Commissioners
- Deliver four 'weeks of action' in agreed hot spot locations to help reduce overall crime and anti-social behaviour
- Establish an Integrated Offender Management (IOM) and Gang Unit Project (police, probation, Job Centre Plus and council) to manage the transition of offenders (aged 16 to adult) from prison back into the community

Priority 4: Safeguard children and adults from abuse and neglect wherever possible, and deal with it appropriately and effectively where it does occur

- Implement recommendations from the Munro review
- Create the principal social work role within children and families
- Embed and rigorously monitor the quality assurance framework within Children and Young People's service
- Work with the NHS to implement the new Child Protection Information System (CP-IS)
- Put in place a Winterbourne View Project Board to manage, steer and oversee the implementation of the Joint Action Plan with Health partners
- Implement the Care and Support Bill (a single law for adult care and support that replaces existing outdated and complex legislation)
- Ensure that all frontline council staff complete safeguarding training relevant and proportionate to their role to build confidence in safeguarding awareness and how to report concerns

Priority 5: Provide a cleaner, greener environment and safer streets

- Deliver the Parks Improvement Plan, raising standards through more effective staffing arrangements and investment in machinery
- Launch 'Our Haringey' application for smart phones, enabling residents to easily and quickly report street based issues
- Introduce 16 resident Environmental Champions, supported by a communications and education campaign to improve the borough's environment
- Reduce incidents of fly-tipping and ensure effective removal where incidents occur
- Implement the lessons and best practice from the fly-tipping pilot in other areas of the borough
- Consult residents on introducing a 20mph speed limit across the borough

Priority 6: Reduce health inequalities and improve wellbeing

- Strengthen our Healthy Schools programme
- Review our current sexual health service offer
- Expand the NHS Health Checks programme to full roll out, ensuring it reaches those most at risk so that they are supported to make lifestyle changes
- Invest £14.7million in improvements to leisure centres through delivery partners, Fusion
- Review the current mental health service offer provided by the statutory and voluntary sector

Opportunities for all

Priority 7: Drive economic growth in which everyone can participate

- Commission economic growth strategy, addressing inward investment, business growth, new markets, workspace and labour supply and new markets, including opportunities for green jobs
- Reinvigorate the Business Board
- Set up a new Haringey Employment Board
- Develop a model for a skills and employment hub with partners
- Implement Haringey/Jobcentre Plus/ Work Programme Service Level Agreement
- Progress the Jobs for Haringey scheme
- Deliver Town Centre Business Partnership Improvement projects such as Wood Green literature festival; websites and social media marketing
- Deliver public realm improvement works in Wood Green and Green Lanes
- Progress the Haringey 40:20 Carbon Commission and Action Plan, working collaboratively across the HE and research, voluntary and private sectors to grow a low carbon economy, increase health and well being and reduce inequality

Priority 8: Deliver regeneration at priority locations across the borough

- Produce a detailed plan for the Tottenham Regeneration Programme and establish internal and external partnership arrangements for the programme's delivery
- Launch the Tottenham physical development framework, together with a communications plan
- Complete the consultation on the High Road West masterplan and produce a preferred option for redevelopment
- Bring forward a comprehensive social and economic strategy for Tottenham
- Deliver the Tottenham Gyratory scheme
- Carry out borough-wide infrastructure and transport improvements
- Increase budget for planned maintenance works (including potholes, street improvements and help people use public transport, walk and ride bikes)
- Secure investment to renovate Alexandra Palace
- Produce a regeneration and improvement plan for Highgate
- Complete a major capital project at Broadwater Farm with the creation of an inclusive learning campus
- Deliver a masterplan for Wood Green which will promote regeneration
- Deliver key regeneration projects across the borough, including at Alexandra Palace, St Ann's, St Luke's, Hornsey depot and station
- Undertake a property review working with the voluntary sector to increase access to community spaces and optimise the use of council community buildings; pursue options for widening flexibility at Haringey Technopark to support business and community use
- Deliver the Library Improvement Plan to create a vibrant, relevant and sustainable 21st century library service which promotes learning and culture, whilst creating a valued community space for all

Priority 9: Ensure that everyone has a decent place to live

- Agree a 30 year business plan for the future management and maintenance of the council's housing stock; and develop and implement a comprehensive strategy for housing investment and estate renewal, underpinned by a 30-year Housing Revenue Account (HRA) financial plan
- Develop and implement a programme of council new build
- Maximise investment in new affordable homes, with a specific focus on delivering more in the west of the borough working with housing associations and the Greater London Authority (GLA)
- Implement a programme of targeted interventions, including enforcement and compulsory purchase, and introducing an additional Houses in Multiple Occupation (HMOs) licensing scheme that covers most of Tottenham
- Agree an Energy Strategy and action plan for the council's housing stock

A better council

Priority 10: Ensure the whole council works in a customer focussed way

Priority 11: Get the basics right for everyone

Priority 12: Strive for excellent value for money

These projects are cross cutting and will help to deliver all our priorities for this outcome.

- Develop and implement a prevention and early help strategy
- Implement a customer strategy to provide joined up, timely and value for money services to residents
- Develop a better understanding our residents; their attitudes to Haringey as a place to live, work and study; their personal aspirations and motivations; the services they rely on (especially their views of how these are delivered)
- Implement the 'Improving Haringey' campaign to build staff capacity, and ensure all our business process and systems:
    - Get the basics right
    - Delivery good value for money
    - Focus on the customer
    - Manage well
    - Make sure that safeguarding is everyone's business
- Ensure all our services to the public are delivered to high standards
- Enhance our commissioning capability through development, training and embedding commissioning into key transformation programmes
- Implement 'smart working'
- Undertake a fundamental review to determine how the council will work in the future

Council funding and spending in 2013/14

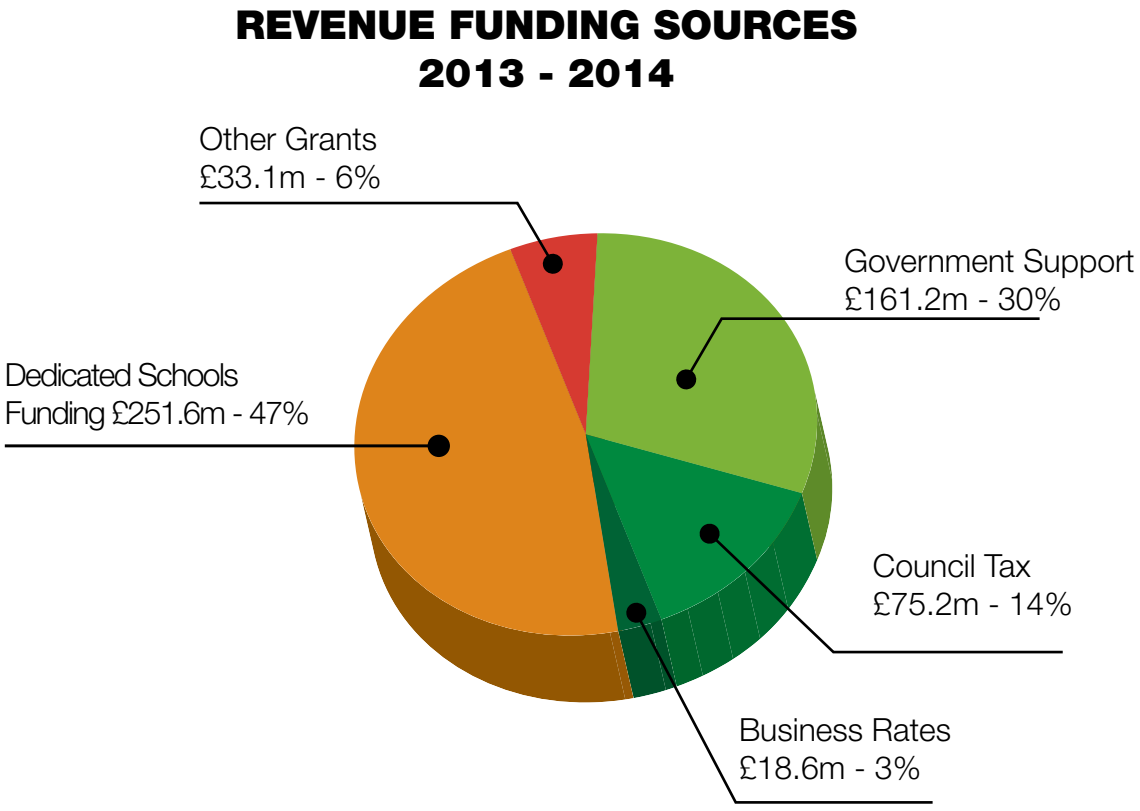
We are committed to achieving value for money – we want to deliver the best services at the lowest possible cost to our residents. We aim to achieve the right balance between economy, efficiency and effectiveness. We are spending less, as our budget reduces so the money we spend must be spent wisely. So that services achieve the maximum amount of benefit for our communities.

Our Medium Term Financial Plan ensures that the Council's priorities can be delivered within available resources whilst achieving value for money.

Our net budget for providing Council services, including schools, from April 2013 to March 2014 is £539m. The tables and charts in this section show where the Council's funding comes from and how it is allocated.

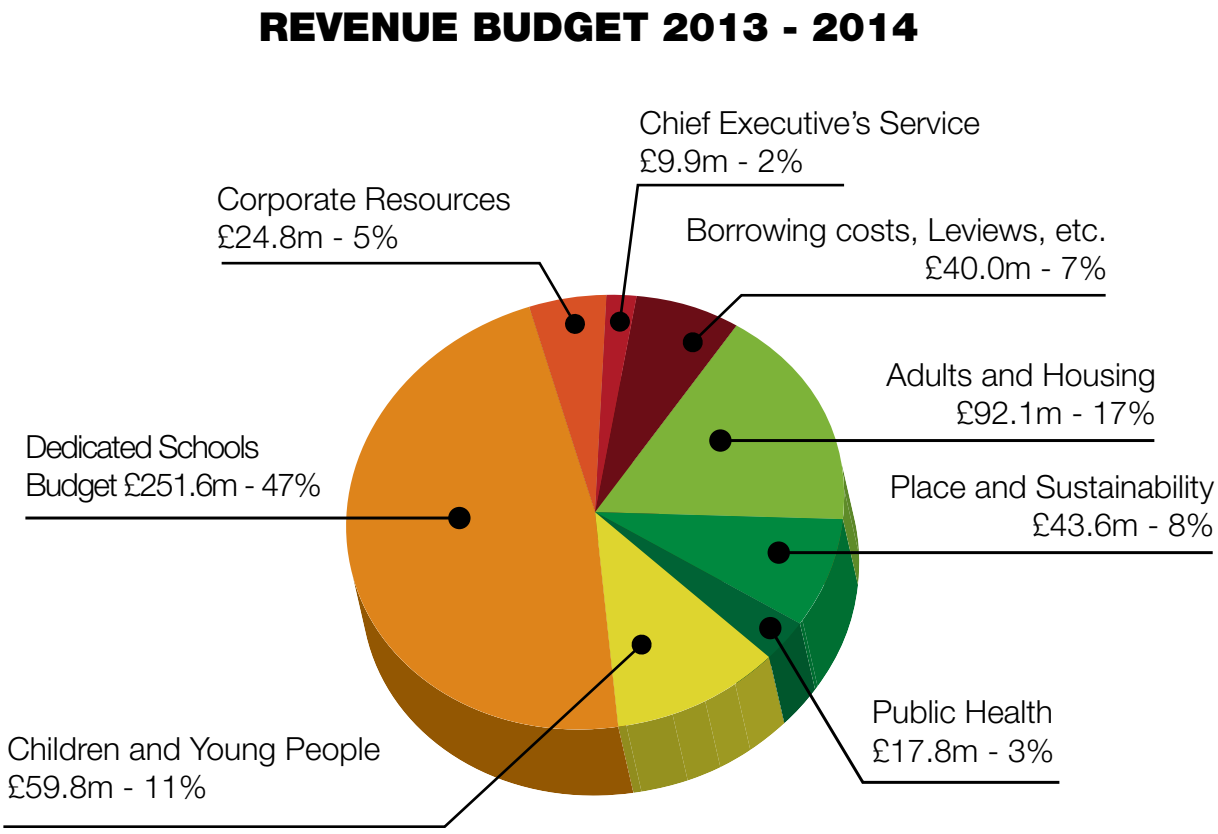
Revenue Funding 2013/14

Revenue Funding Source	Revenue Funding 2013/14 (£'000)
Government Support	£161,172
Council Tax	£75,240
Business Rates	£18,577
Dedicated Schools Funding	£251,605
Other Grants	£33,087
Total	**£539,681**



The Council's Budget 2013/14

Directorate	Revenue Budget 2013/14 (£'000)
Adults and Housing	£92,099
Place and Sustainability	£43,632
Public Health	£17,811
Children and Young People	£59,829
Dedicated Schools Budget	£251,605
Corporate Resources	£24,809
Chief Executive's Service	£9,870
Borrowing costs, Levies etc.	£40,026
Total	**£539,681**



Notes

Notes

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
16TH APRIL 2013

Councillors Adamou (Chair), Erskine, Mallett, Stennett and Winskill

LC57. APOLOGIES FOR ABSENCE

Claire Andrews, HFOP

LC58. URGENT BUSINESS

None received.

LC59. DECLARATIONS OF INTEREST

None received.

LC60. CABINET MEMBER QUESTIONS

Cllr Vanier gave introduced her portfolio. The following points were noted:

There is a continued focus on developing the service.

- Budget pressures continue to be a key challenge.
- The Budget performance out-turn is on track. Cllr Vanier thanked the Director (Mun Thong Phung) and the Assistant Director (Lisa Redfern) for this, noting their management and innovation in keeping costs down in a needs led environment.
- The local Healthwatch has recently replaced the Local Involvement Network following the Health and Social Care Act 2012. The Cabinet Member thanked the LINK for their work over the previous years.
- Adults Services are working with the CCG and NHS Trusts on joint provision.
- Cllr Vanier congratulated the Haringey's Joint Learning Disability Partnership Nursing team who have just won the National Nursing Standard Award for their innovative nursing model for adults with learning disabilities.
- Safeguarding continues to be high on the agenda and is monitored regularly.
- The Annual Account and Annual Safeguarding report are both now available on the Haringey website.

In response to questions from the Panel the following points were noted:

- There will be training for Members on the role and function of the Health and Wellbeing Board.
- The Panel had requested to see the Public Health budget prior to it going to Cabinet, as happens with other Council service budgets as part of the Budget Scrutiny Process. Panel Members queried why this had not been the case with the Public Health budget. The Panel was informed that due to the changes in the Health system and Public Health moving from the NHS to local authorities the budget settlement had been later and that the budget needed to go to Cabinet prior to coming to the Adults and Health Scrutiny Panel.
- The Panel asked how the budget had gone from a large over spend to a smaller overspend of £300k. It was noted that both sets of figures were projected due to the service being demand based. The projections had meant that the service was able to take pre-emptive action in order to manage the budget, balancing value for money with managing needs. It was also noted that Adults have tight budget management controls and systems which include a 'management call over' meeting where each budget is worked through. It was also noted that it is extremely difficult to manage a needs led budget.
- It was also noted that the continuing care reassessments had not led to as many people being transferred to social care budgets as had been expected.
- The Panel asked whether there was a ceiling in the provision of care packages due to the financial pressures and was informed that there is not.
- Service user needs are reviewed and reassessed when necessary and at annual reviews and if a service user needs had changed then their package would change to ensure that their needs are being met. If a person's needs change to such an extent that they, for example, need 24 hour nursing care then the service would argue that they needed NHS Continuing Healthcare.
- There was discussion around integrated care and it was noted that there needed to be a shift in funding from the acute sector. The Panel was also informed that it was the Health and Wellbeing Boards role to encourage and promote integrated working and the role of the Clinical Commissioning Group to lead on it.
- The Panel requested that the Clinical Commissioning Group be invited to a future meeting in order to talk to the Panel about how this work is progressing.

Agreed:

- The Clinical Commissioning Group would be invited to a future meeting to talk about the work being done on integrated care.

LC61. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY

This item was withdrawn as there is now a joint meeting of Haringey Enfield and Barnet Councillors scheduled to discuss the BEH Clinical Strategy update.

LC62. DRAFT QUALITY ACCOUNTS OF BARNET ENFIELD AND HARINGEY MENTAL HEALTH TRUST

This item was deferred pending approval of the draft Quality Account by the BEH Mental Health Trust Board.

LC63. DRAFT QUALITY ACCOUNTS - WHITTINGTON HEALTH

The Panel received the draft Quality Objectives for the forthcoming year and was asked for comments.

Key discussion points noted:

- Whittington Health is awaiting end of year data and would like to come back to the Panel again once there is further progress on the Quality Accounts.
- The Whittington Board signs off the Quality Accounts prior to submission.
- The Quality Account is a mandatory and public document.
- It would be used by Monitor as part of it's quality assessment process.
- The Care Quality Commission may use it when considering services.
- Each NHS Trust has to submit 5 overarching objectives as part of their Quality Account.
- The data used is 2012/13 and the objectives cover 2013/14.
- Whittington Health has chosen Integrated Care as this had been something they had been working on for a while and wanted to demonstrate this.
    - An integrated care pilot had been piloted at Whittington Health where multi disciplinary team members take part in telephone conferences to

discuss patient's care. Early results show that people's care is better managed through this.

- The panel queried the success measurements of this objective as it does not show what proportion of total patients it relates to or what is happening to the care of those not part of the integrated care conferencing, who may benefit from being included.
- The Panel asked whether the driving force behind this approach was cost and finance led and was informed this integrated way of working can prevent someone having to be admitted to hospital, for example by ensuring a person has some extra help at a particular point. Therefore whilst there is a financial element to it, it is not the driving force. The driving force is about better outcomes for the patients.
- It was noted that the pilot was set up by clinicians rather than managers.

- The Panel queried the success measures and whether they were meaningful.
- The Panel felt that the success measures needed to be more specific in order to actually measure any improvements over a specified period of time.
- The Panel was informed that this was an early draft and that when setting the final measures they would be very strict on setting objective measurements and proportion of patients/cases in order for them to be tracked.
- The Panel was informed that the Quality Account is put together by patients and clinicians as well as the Board and that the draft objectives would shortly be taken to Healthwatch.
- The Panel queried who set the targets and was informed that this was the clinicians. It was noted that the targets set are subject to challenge, for example the Non Executive Directors on the Board and Commissioners will challenge the targets. UCL partners are also very challenging when considering the targets being set.
- The Panel queried what happened when the Trust did not achieve the target at the end of the year and were informed that this does happen for example Objective 4 (alcohol and smoking) has been carried over from the previous year.
- The Quality Account will be signed off by the Board at the end of May and it is mandatory to have them published by 30th June.

Agreed

- The Panel would look at the Quality Account again before it was finalised.

LC64. HEALTHWATCH HARINGEY

Barbara Nicholls, Head of Adult & Voluntary Sector Commissioning introduced the report.

Key points noted:

- The initial tender exercise was not successful. Therefore the Citizens Advice Bureau (CAB) and the Race Equality Council were approached to deliver Healthwatch in Haringey.
- An interim Chair has been appointed, Sharon Grant (Chair of Haringey's CAB).
- The new Director started on 15/4/2013.

- CAB will provide information and advice, support and coordination of volunteers and statutory responsibilities such as the rights enter and view (adults residential and nursing care homes).
- The Race Equality Council will deliver community engagement aspects.
- Next steps include:
    - Recruitment of the staff team.
    - Establishment of a Board and recruitment of volunteers to the Board.
    - Agree and implement governance arrangements.
- A priority piece of work for the next year will be looking at how hard to reach groups can be engaged with.
- NHS Complaints Independent Advocacy Service – Since April 1 2013, council's have a statutory duty to commission independent advocacy services to provide support for complaints about NHS care or treatment. Haringey has joined a consortium with other local authorities and commissioned 'Voiceability'.
- It was noted that individual hospitals will still have PALS (Patient Advice and Liaison Service).

Key discussion points noted:

- Concern was raised by the Haringey Forum for Older People representative with regards to PALS, who queried what role HeathWatch would have in

ensuring the PALS service was at a high standard. BN agreed to look into this and get back to the Panel.

- The Panel queried how Healthwatch, PALS and Voiceability would work together and was informed that Healthwatch England was currently developing guidance for local Healthwatch organisations.
- The Panel queried how a resident would go about making a complaint about a local GP service and was informed that this would initially be via the GP Practice (should the person feel comfortable doing so). The current alternative and next step would be the NHS Commissioning Board. However, it was noted that an organisation had recently been commissioned to sit between GP Practices and the NHS Commissioning Board and that this was the North West London Commissioning Support Unit.
- It was noted that the Haringey CCG website currently has information on how to make a complaint. BN agreed to send this link to the Panel.
- Publicity and communications would be a priority for the local Healthwatch, including letting residents know where to go for what information.
- The Panel noted that the information would need to be relevant for a wide cross section of demographics and was informed that Healthwatch were looking at a range of communication methods, including linking up with social media and more 'traditional' methods of communication which may be more suitable for older people.
- The Panel was informed that there is a range of communication ready and waiting to go at the appropriate time, including posters and distribution would include GP surgeries and pharmacies.
- The HFOP representative asked how different organisations would be able to input into Healthwatch and was informed that Job Description style documents were currently being developed for the different roles needed for Healthwatch and that there would subsequently be a campaign to recruit to the roles with the aim to have as big a cross section of people as possible. BN agreed to provide further information on this.
- The Panel queried whether we were on par with other local authorities in terms of where we are in developing Healthwatch and was informed that we were in the 'middle of the pack' in relation to London Councils.
- It was noted that a forthcoming HAVCO event on 23rd May and Area Forums would be good ways of disseminating information about Healthwatch.

- The Panel asked how much Haringey had received for Healthwatch and how this had been spent. The Panel were informed what the money was a non-ring fenced funding, and that the HealthWatch contract value was £200k between the CAB and the Race Equality Council and the Voiceability contract was capped at £65k. Whilst the funding is not ring-fenced, the Council has budgeted £65k for the Voiceability contract and £215k for Healthwatch. £15k is retained by the Council for contract management and other contingencies. The Panel asked for a short briefing on this.
- It was noted that Healthwatch has a statutory seat on the Health and Wellbeing Board.
- The Panel queried how the relationships with other bodies would work, particularly with relation to safeguarding matters. The Panel were informed that this was being developed as there would need to be a clear line between where the role of Healthwatch stopped and where safeguarding and protection services and bodies began. It was noted that the Enter and View powers of Healthwatch were different for adults and children. BN agreed to provide further information on this.
- The Panel discussed the relationship between the Adults and Health Scrutiny Panel and Healthwatch. It was noted that a LINk representative had been co-opted onto the Adults and Health Scrutiny Panel, but that this may not be appropriate for Healthwatch given their seat on the Health and Wellbeing Board. This was something which the Scrutiny Support officer was already looking into and speaking with other authorities about and would feed back to the Panel in due course.
- It was noted that as part of the work programme for the Panel in 2013/14 there would be (subject to Panel Membership and OSC approval) a stakeholder session between the Clinical Commissioning Group, Health and Wellbeing Board, Healthwatch and the Adults and Health Scrutiny Panel to build relationships and clarify how each body would work together effectively. This will form the basis for an updated Scrutiny Protocol.

Agreed

- Barbara Nicholls to provide the contact details for the new Director of Healthwatch.
- Barbara Nicholls to provide:

  - Information on what powers Healthwatch have with regards to dealing with under performing PALS services.
  - An overview of what money was given to Haringey for the set up and running of Healthwatch and how this has been allocated.
  - Information on how membership of Healthwatch will be formed to ensure representativeness and democratic accountability across all sectors of the local community.
  - Information on the relationship between Healthwatch and other bodies which look after the safeguarding of residents.
  - Web link for information on complaints from Haringey Clinical Commissioning Group website
- Scrutiny Officer to continue research into whether Healthwatch are co-opted onto other Health Panels and any conflicts of interest with their seat on the Health and Wellbeing Board.
- Scrutiny Officer to ensure that the above mentioned Stakeholder Session is part of the draft work programme for 2013/14.

LC65. UPDATE ON PERSONALISATION AND PERSONAL BUDGETS

Bernard Lanigan, Head of Personalisation, Assessment & Occupational Therapy Services introduced the item.

Key points noted:

- Individuals are at the centre of the process with safeguarding an integral part, including whether a person is capable and competent to make decisions themselves.
- Personalisation allows an individual to stay in control.
- There is a system in place to identify how much money a person would be entitled to. This is based on need so if two people have the same needs then they would have the same amount of money allocated to them. This allows for transparency.

- There has been very little legal challenge on the money allocated and where this has happened Adults have been able to answer all questions and the cases have gone no further.
- Each person has a professional Social Worker assessment aided by an Occupational Therapist assessment and any other assessment seen as necessary. It is the needs identified which the financial allocation is based on.
- Some people have taken this allocation as a Direct Payment others have asked for the Council to undertake transactions on their behalf, this is not charged for.
- After 6 weeks clients undergo a review in order to 'fine tune' their care package. In the majority of cases this is okay, occasionally some changes are made, for example a change in provider or an increased allocation.
- Adults also ensure that all of the benefits a client can claim for are being claimed for.
- There is a challenge in ensuring that clients spend Disability Living Allowance (DLA) on what it is meant for.
- The Charging Policy is laid down by Government. The DLA is disregarded in assessments.
- Advice, information and signposting is a big part of Adults role for example if a client would prefer to do something other than attend a day centre then they can be signposted to adult learning or volunteering.
- There is an increased range of services available from a couple of years ago, for example:
    - There are 39 regulated Domiciliary Care agencies.
    - There are now 2 extra care sheltered housing schemes in the West of the borough and Protheroe House and Pretoria Road are being developed in the East.
    - Homes for Haringey Houses have been adapted for people with learning disabilities, for example Campsbourne.
- An issue with Direct Payments has been that clients were required to have a separate account to ensure that the money allocated can be fully accounted for. A lot of banks don't have simple bank accounts for people to access.
    - Therefore a Debit Card has been developed. The Debit card is loaded with a clients financial allocation. This has been slow to take off as the

card does not currently allow bank to bank transfers. However this is being worked on.

- Third party management is also being developed, this would allow an organisation such as Sevacare to be paid a clients allocation and the client would then 'draw down' the services.
- An Integrated Assessment tool has been developed which has reduced the time from assessment to receipt of money to 4 weeks. However, if a client needed the money immediately then they would receive it.

Discussion points noted:

- Most people who have been receiving care for an extended amount of time are happy to continue receiving care in the more traditional way, however some are giving personalisation a go.
- New clients tend to take an allocated amount of money rather than just have services provided for them.
- The Panel raised concerns that new clients are being pushed into managing their own budget, based on some anecdotal evidence. The Panel was informed:
    - The Government has said that we must assume people are competent and treat them as such.
    - There is a large number of people who are able to manage their own households and life and therefore would be generally able to manage their own care or Personal Budget.
- It was noted that if someone is being financially abused then they are already likely to be being financially abused prior to receiving a Personal Budget. The Social Work assessment should pick up on this.
- If there is any doubt at all about a person's ability to manage their own care/direct payment then they will not be offered it. The care will be managed by Adult Services.
- Clients who take direct payments have often already identified someone close to them.
- Clients are informed of their options and following the social work assessment someone goes out and talks them through their options to ensure that are able to make an informed choice.

- The Panel queried what would happen if someone had decided to manage their own care and then decided they no longer wanted to and was informed that they would be able to change their mind. An opportunity for this would be at the annual review for example.
- The Panel queried how Adults ensured that clients were not saving the money 'for a rainy day' and was informed that there is an annual review of all accounts. However, clients are able to build up an 8 week surplus which allows them to have flexibility with their care package. For example if someone was unwell for a short spell of time they would be able to arrange for their carer to come in for extra hours by using this surplus.
    - The Panel was also informed that reserves are looked to ensure that there is a valid reason for them, for example to check that the money is not being spent because the person is unable to spend it.
- The Panel was assured that risk assessments are done on all clients and action plans are put in place to mitigate against any risks.
- The Panel was also ensured that interpreters were used whenever needed and that family and friends were never used.
- Disability related benefits are disregarded when undertaking assessments.
- Younger adults are the quickest to uptake personalised budgets, whilst those with mental health needs tend to be the slowest. This is also the case nationally.
- The Panel queried how personalised budgets can be managed in a time of budget cuts, and where a client would be able to see any reductions in the amount of money they physically receive. The Panel were informed that the only time a persons allocation could change was an annual assessment, but this would not necessarily mean that their allocation changed, it could mean that they need more money to meet a greater need.
- The Panel asked about the impact of the forthcoming loss of the mobile library service and was informed that the Adults service was jointly doing some work with the library service around this, and options included volunteering.
- The Panel asked about user led group services where people club together and do something or arrange for a class etc and was informed that this is beginning to be looked at. The challenge is about getting people trusting each other with each others finances.

- There is a Personal Budget User Forum where people share ideas and collaborate.
- People do share services etc but we don't often hear about it as they just get on and do it.
- There are some shared services at the Winkfield Resource Centre at the moment, for example courses where a group of people are all interested in the same one, the course is arranged by the Winkfield and paid for by the clients.

LC66. HEALTH AND WELLBEING STRATEGY DELIVERY PLAN UPDATE

Jeanelle de Gruchy, Director of Public Health, introduced the Health and Wellbeing Strategy Delivery Plan report.

Key points noted:

- The full Health and Wellbeing Strategy Delivery Plan reports to the Health and Wellbeing Board on an annual basis and exception reports quarterly.
- The Health and Wellbeing Strategy is a partnership document.
- The associated Delivery Plan has a lead Public Health Assistant Director for each outcome and is updated as and when necessary.

Discussion points noted:

- The Panel asked when health checks for those with mental health needs would be started and was informed that this was already underway.
- The Panel noted that some performance target information was missing and was informed that this was a working progress, balancing the old target focused regime with the old NHS targets, the newer Public Health Outcomes Framework targets and any locally set ones, for example teenage pregnancy. There are also some national best practice targets, which are included but not mandated to be included.
- The Childhood Measurement target figures for 2012 came out recently and would be updated on the delivery plan in due course.
- The Panel asked about initiatives and programmes for example around breast feeding and childhood obesity and whether these were targeted. The Panel

was informed that the work is targeted by considering demographic information, for example ethnicity.

- The Panel asked whether the Public Health budget is linked to the delivery plan and performance and was informed that it is, and that this can be reflected when the Public Health Budget is brought to the Panel at it's next meeting.
- The Panel asked about immunisations performance with reference to measles cases on the Haringey/Hackney border. The Panel was informed that there was currently one known case in Haringey and that the MMR uptake is quite high. However this was relating to age 5, and the concern is with older Children who should have previously been immunised and had not. The Panel were informed that there were challenges in ensuring children in the Somalian and Orthodox Jewish communities.
    - There is a Service Level Agreement with Homerton Hospital to increase the uptake in the Orthodox Jewish community.
    - There is a particular challenge in the Somalian community as they believe there is a link between MMR and autism.
- It was noted that:
    - Health Protection now sits within the Council and that the Health Protection Agency nationally now sits within Public Health England. The HPA and PHE liaise locally.
    - At the time of the meeting the HPA was preparing a statement on measles.
    - When cases arise there is a very targeted approach concentrating on those in the immediate vicinity of the person with measles.
    - There were over 2000 cases of measles in England and Wales in 2012.
    - Vaccination rates in Haringey have improved significantly in recent years reaching population coverage of 88-90% for MMR.
- The Panel raised concerns that that GP registers only went back a few years on the electronic system and that prior to this time the records were still in paper format. The Panel was concerned that this may not be looked at and that the electronic system alone would be relied on.
- Public Health is taking technical advise from Public Health England and a lead from other areas who have experienced measles outbreaks.

- It was noted that transience compounds issues as the medical records may not follow the person.
    - It was noted that the responsibility for commissioning immunisation programmes transferred from PCTs to NHS England on 1st April.
    - Public health expert input for these immunisation programmes will be provided by Public Health England (PHE). PHE are also the main body responsible for managing local and national outbreaks, in liaison with the DPH and local teams.
    - The Health and Social Care Act 2012 states that Directors of Public Health must assure themselves that plans are in place for immunisations to take place.
    - The Panel queried where immunisations take place and was informed that this was dependant on the age of the child and the appropriate setting but that some do take place in schools and Children's Centres.

Agreed:

- The Public Health Budget would be presented at the next Panel meeting and would be linked to the delivery plan and performance.
- JdG would send a note to all Councillors once guidance was received from PHE.

LC67. WORK PROGRAMME 2013/14

The Panel were asked whether they had any suggestions for areas which the Panel should include in their work programme for the forthcoming municipal year. The following suggestions were made:

- Winterbourne View – as per email sent by Cllr Mallett to Cllr Adamou last month.
- Working together/Integrated Care
- Whittington – Quality Accounts and Estates Strategy
- GP Practice quality – reference was made to the 'Your NHS' website which could be a resource for this.

- Adults with Mental Health needs – physical health outcomes

Discussion on whether Children's Health should sit with the Adults and Health Scrutiny Panel or the Children and Young People's Scrutiny Panel.

Noted that should there be a matter which is cross cutting then this is the responsibility of the main Overview and Scrutiny Committee.

Noted that a joint Panel meeting between the Adults and Health Scrutiny Panel and the Children and Young People's Scrutiny Panel could be arranged to consider an item if necessary.

LC68. MINUTES

Agreed

LC69. AREA COMMITTEE CHAIRS FEEDBACK

None received.

LC70. NEW ITEMS OF URGENT BUSINESS

None received.

Cllr Gina Adamou

Chair

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North Central London Sector Joint Health Overview and Scrutiny Committee
6 June 2013

Minutes of the meeting of the NCLS Joint Health Overview and Scrutiny Committee held at Islington Town Hall on 6 June 2013

Present

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
Peter Brayshaw	LB Camden
Alison Cornelius	LB Barnet
John Roger Kaseki	LB Islington
Martin Klute	LB of Islington
Graham Old	LB Barnet
Barry Rawlings	LB Barnet
Anne Marie Pearce	LB Enfield
David Winskill	LB Haringey

Support Officers

Rob Mack	LB Haringey
Peter Edwards	LB Islington
Andrew Charlwood	LB Barnet

1 ELECTION OF CHAIR AND VICE-CHAIR

Resolved that:
1. Councillor Gideon Bull be elected as Chair of the Committee for the municipal year 2013/14; and
2. Councillor John Bryant be appointed as Vice-Chair of the Committee for the municipal year 2013/14.

2. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Alice Perry; Councillor John Roger Kaseki was attending as a substitute member. Councillor Gideon Bull had been appointed to the Committee in place of Councillor Reg Rice.

3. DECLARATIONS OF INTEREST

Councillor Brayshaw declared a personal interest as a member of the governing body of University College of London Hospitals. Councillor Cornelius declared a personal interest in the item on Barnet and Chase Farm as she was an assistant chaplain at Barnet Hospital. Councillor Bull declared a personal interest as an administrator for Moorfields Eye Hospital.

4. URGENT BUSINESS

None.

5. MINUTES OF THE 14 MARCH 2013

Resolved that:
The minutes of the meeting on the 14 March 2013 be approved, subject to the following amendments:

Item 6 Barnet and Chase Farm Hospitals NHS Trust Update –
The word 'transaction' in the 5th line of the second paragraph on page 2 of the minutes was amended to read 'acquisition'.

Item 10 Whittington Health – Trust Estates Strategy and 5 year Capital Investment Strategy
The words 'possibility of medical students moving…' in the 5th line of the second paragraph on page 12 were amended to read 'decision which had been taken to move medical students…'

Matters Arising
Jan Pollack, speaking from the public gallery, drew attention to an item arising from the minutes relating to the Whittington Hospital's proposals for 'Transforming Healthcare for Tomorrow' and asked whether the Committee was concerned, as she was, about the adequacy of the public consultation which had been carried out so far. In reply the Chair indicated that the Whittington's proposals would be the main item on the agenda for the Committee's next meeting in July and in the meantime invited Ms Pollack to write to him about her concerns.

6. BARNET AND CHASE FARM HOSPITALS; ACQUISITION BY ROYAL FREE HOSPITAL

Dr Tim Peachey, Chief Executive of Barnet and Chase Farm Hospitals, Caroline Clarke, Deputy Chief Executive of the Royal Free London Foundation NHS Trust and Alastair Finney, NHS Trust Development Authority updated the Committee on these proposals.

Caroline Clarke made a presentation on the transaction process and stressed in particular the Royal Free's objectives, namely excellent patient outcomes; excellent patient experience; excellent value for taxpayers; full compliance; and a new merged organisation with a viable cost base. She also outlined the potential benefits for patients, commissioners, Barnet and Chase Farm staff and Royal Free staff.

The Royal Free's Board was working hard to assess the benefits of the proposed acquisition and to prepare a business case by 31 July 2013. As part of the process of working up the business case the Royal Free was looking at how to make pathways better in a clinical sense as well as viable, testing how it could make some of its systems more efficient, and also exploring different ways of working across healthcare systems with GPs and commissioners. It was also intended to bring stability to Barnet and Chase Farm Hospitals after a turbulent past.

Dr Tim Peachey explained that once a decision had been taken to progress the acquisition in the way outlined in the report, it was for the Royal Free to run the process.

The following points were made in the questions and discussion which followed:

- The Royal Free were totally committed to the strategy for 'acquisition'.
- The distinction between acquisition and merger was clarified; in this case it was intended that a foundation trust would acquire the assets and liabilities of an NHS Trust. This would involve some changes to the Royal Free's constitution and governing body.
- The existing governing body of the Royal Free would have to approve the process and authorise the submission of the outline and final business cases.
- In the event that the Royal Free were to decide not to proceed as preferred partner, Dr Peachey explained that the Barnet and Chase Farm Hospitals would have three options: to repeat the process and seek another partner; to seek a private sector partner; or to enter the unsustainable provider regime.
- It was suggested that the acquisition could affect the critical mass of the Barnet and Chase Farm Hospitals. Caroline Clarke explained that the Royal Free were trying to secure a sustainable model for all component parts of the acquisition strategy and would have to comply with the new competition model and satisfy Monitor on this point as the regulator of foundation trusts.
- In essence, the Royal Free's involvement was based on its concern about the small scale of some of its conventional hospital services. It was looking to the acquisition in part as a way of spreading some of its costs as well as improving outcomes for patients.
- As far as possible the aim was to avoid compulsory redundancies by controlling vacancies and making savings in the back office areas.
- It was expected that Barnet would continue to be a busy general hospital and Chase Farm would do more elective-based work in future.
- It was pointed out that the presentation of the changes to local residents was all important especially in the light of the Whittington Hospital's recent experience and public concerns about selling off assets to fund future investment.
- Dr Peachey explained that the Barnet and Chase Farm Hospitals Trust currently rated '1' on Monitor's risk rating. The Trust's business case provided that any proceeds from land sales were pre-committed to the Barnet and Chase Farm Hospitals.
- The Chair stressed that the Committee had a part to play in helping the NHS Trusts to get the key messages across to local residents.

In response to a question from a member of the public, it was noted that monies raised from land sales would not include the St Ann's Hospital site as this was owned by Barnet, Enfield and Haringey Mental Health Trust.

Alastair Finney then explained the role of the NHS Trust Development Authority (TDA), a new statutory body which had come into effect on 1 April 2013 with responsibilities for functions previously held by the Department for Health, the Strategic Health Authorities and the Appointments Commission which included assurance of clinical quality, governance and risk in NHS Trusts, management of the 'Foundation Trust pipeline', and appointments to NHS Trusts. The TDA had five roles, the most significant of which were to support the NHS in planning sustainable services, to oversee support and performance manage all 101 remaining NHS

trusts, 21 of which were in London, including 5 in the North Central London area, and to support them through the process to obtaining FT status. The TDA also had a part to play in supporting the unviable trusts (which currently numbered 14 nationally) through mergers and acquisitions, interventions and improvement programmes.

The next steps for the TDA were decisions on the outline and final business cases with the aim of completion by Spring 2014.

The following points were made in the questions and discussion which followed:

- In this case, the decision on whether a trust was viable was for the TDA acting on the recommendations of the Boards of individual trusts. Referring more generally to the 14 trusts referred to in the presentation, it was thought that the boards of each of the individual Trusts would have decided at an earlier stage that they did not consider that they were sustainable in their current form.
- The TDA was a statutory organisation with a Board appointed by the Secretary of State. Meetings of the Board were held in public.
- The TDA would not approve the business case without a letter of support from NHS England and the local Clinical Commissioning Groups (CCG).
- On a more general point, it was unclear to the Committee where responsibility for the overall strategic approach rested in the new NHS structure. This was an important point for local authorities in terms of who they should seek to influence through the scrutiny role. Alastair Finney believed that whilst all NHS bodies, including the TDA and local CCGs, had a part to play in this, only NHS England could take a system-wide view, especially as the TDA had no accountability for existing FTs – in which case it was still not clear how local authorities could seek to exert some influence on pan-London issues.

The Committee noted that the work on the acquisition had so far cost the Royal Free circa £1 million and this sum was likely to double by the end of the process. The Chair thanked Dr Peachey, Caroline Clarke and Alastair Finney for attending the meeting and answering Members' questions.

Resolved that –

7. The Committee maintain a watching brief over developments relating to the proposed acquisition.

FRANCIS REPORT

The Francis report on the public inquiry into the failures of Mid-Staffordshire NHS Foundation Trust had highlighted a number of shortcomings in the local authority scrutiny role, as follows:

- Lack of detail in notes of some meetings about Stafford Hospital;
- The need for HOSCs to be more proactive in seeking information;
- An over-dependency on information from the provider rather than other sources, particularly patients and the public;
- Lack of resources, particularly in small borough committees; and
- The need for scrutiny to be conducted at arms-length rather than as a

'critical friend'.

It was suggested that the Joint Committee covered these points quite well, especially in asking challenging questions, in properly minuting meetings, in asking the right questions, in making visits where appropriate for purposes of investigation, and in ensuring that residents know that they can attend meetings and have a say. Issues relating to the quality of care could nevertheless be challenging to address.

Drawing on the lessons of the Francis report, it was clearly important that Overview and Scrutiny Committees should be prepared to independently verify what was being said rather than accept it at face value. A local campaign group could for example be asked for their comments, as could Healthwatch who should be invited to nominate a representative to serve on the Committee.

It was generally agreed that the Committee should liaise more with the Health and Wellbeing Boards on what they thought and expected the Overview and Scrutiny Committee to do, and what its priorities should be. Other points were that the Committee should co-ordinate its work programme with those of other health scrutiny committees in the area to avoid duplication and also that it should make better use of Healthwatch. It was also felt that boroughs should work together to scrutinise acute provider trusts in the area through, for instance, arranging joint meetings. Such an approach could be used to consider Quality Accounts.

Mr Smith, a member of the public present at the meeting suggested that the Committee should do more to advertise its meetings if it wanted more information on local issues and concerns. That might help local organisations and campaign groups to feed into the Committee's agenda and work programme.

Resolved that –

8. The Committee organise a training session for Members in October 2013 on issues arising from the Francis Report, to be hosted by the London Borough of Haringey.

MATERNITY SERVICES

The Committee received a report back on the Barnet, Enfield and Haringey Clinical Strategy following a meeting held at Enfield Civic Centre on 23 April 2013.

Copies of a fact sheet on developments around maternity and the BEH clinical strategy were circulated at the meeting, addressing questions raised at the meeting in April. A number of Members had also had visits to the North Middlesex Hospital in the interim, which they found informative and encouraging. Members asked a number of detailed questions about the capacity for handling the forecast numbers of births at the Barnet, Chase Farm and North Middlesex Hospitals and also at the Edgware Birthing Centre, which would not change as a result of the strategy. It was confirmed that North Middlesex University Hospital had no mothers-to-be diverted to other services, whilst Barnet and Chase Farm hospitals had 158 maternity diversions between sites. Expanding maternity services at Barnet and North Middlesex Hospitals would help to minimise mothers-to-be being diverted to other hospitals.

9. It was explained that capacity would increase at both Barnet and North Middlesex Hospitals to meet the needs of women giving birth in the area. Current and planned beds/couch numbers were illustrated for North Middlesex University Hospital and Barnet Hospital. Staff were monitoring the situation closely and mapping which hospitals expectant mothers were booking although not all would book sufficiently far in advance to assist with planning. The aim was to anticipate the trends based on the numbers forecast in the current year.

UROLOGICAL CANCER SURGERY

The Committee was invited to consider further the status of proposals relating to changes to urological cancer surgery services in the light of previously circulated legal advice provided to the Chair.

Councillor Klute reported that LB of Islington's lawyers had advised that it was not clear that these proposals amounted to a substantial change or variation and any challenge based on the assumption that it does amount to such a change or variation might well not succeed.

Neil Kennett-Brown, Programme Director, Change Programmes advised the Committee that a report had been made to NHS England making the case for consolidating the more complex urological cancer care services in specialist centres and acknowledging the feedback from some patient groups about the impact of the proposals particularly in terms of longer journey times for those with further distances to travel which they believed warranted a fuller process of public consultation.

In the light of the feedback obtained, NHS England had agreed that the proposals would benefit from a formal consultation exercise, which was expected to be launched later this year, along with developing proposals for other specialist cancer services across north east and north central London.

Mr Kennett-Brown offered to attend the next meeting of the Committee in July to discuss the process which would very likely involve the constitution of a wider Joint Health Overview & Scrutiny Committee covering North Central and North East London and possibly also some adjoining areas outside the Greater London area.

The Committee thanked Mr Kennett-Brown for attending the meeting and agreed to include this matter on the agenda for its July meeting.

10 NHS 111 SERVICE

. The Committee received an update on the 111 Service from Dr Tim Ladbrooke, Medical Director for LCW (London Central & West Unscheduled Care Collaborative) and Neil Kennett-Brown, Programme Director, Change Programmes. The following points were emphasised in the presentation:

- NHS 111 was a new non-emergency telephone service for use when people need medical help or advice, but do not need to make a 999 emergency call. It went live to the public on 12 March 2013. Calls from landlines and mobile

phones are free.

- NHS 111 gives healthcare advice and directs patients to the right local service e.g. a local GP, another doctor, urgent care centre, community nurses, emergency dentist or late-opening pharmacy. In cases of emergency, an ambulance is despatched immediately without the need for any further assessment.
- The service is staffed around the clock, 365 days a year, by a team of fully trained advisers, supported by experienced clinicians.
- The local service was developed jointly with CCGs and GPs. after extensive engagement with stakeholders.
- The service is now being promoted to the wider public – public information distributed to all GP practices, pharmacies, dentists, hospitals, health centres, town halls, libraries and community venues.

The following points were made in the questions and discussion which followed:

- NHS 111 had replaced NHS Direct as the single number for urgent care advice. However, NHS Direct was also an NHS 111 service provider in some areas outside of North Central London.
- The Service is provided locally by London Central & West Unscheduled Care Collaborative (LCW), an established provider of unscheduled care in the inner North West London area.
- A&E activity had not increased as a result of the NHS 111 Service. There were a number of doorways to medical advice and health care. A&E was only one fixed point in the NHS –the NHS 111 Service aspired to make sure that patients were directed to the right service first time.
- The role of the London Ambulance Service was referred to in this context and it was explained that Clinical Commissioning Groups in London had recently agreed to make an additional investment in the Service, and the London Ambulance Service had embarked on a transformation programme, which members might be interested in.
- It was noted that NHS England was conducting an urgent national review of the sustainability of NHS 111 and the market of providers delivering the service. Members questioned the sustainability of the model in coping with demand at very busy times.
- There were also concerns about the triage of patient calls by call operators as there was a view that this required medical expertise. In response, it was pointed out that the service was using a programme written by doctors, with content supported by the Royal Colleges and stressed that call handlers were not making a diagnosis, merely advising on where and how to deal with patients' conditions. Call operators had undergone extensive training – 6 weeks' pathway training plus additional training as part of an induction. This was longer than the training previously provided for call handlers working in the Out-of-Hours service.

The Committee discussed service performance and noted that LCW was required to review performance on a regular basis, against national KPIs which included:

<u>The number of calls answered in 60 seconds: national standard is more than 95%.</u>
LCW's current performance was 92.5% which represented a significant

improvement towards the national standard.

The number of calls abandoned.
LCW's performance was currently under 1.5% compared with a national indicator of under 5%.

The number of calls where clinician callback was achieved within 10 minutes. LCW's current performance was 72.5%, the best across London.

The number of triaged calls which result in an ambulance dispatch: national standard is fewer than 12% of triaged calls.

Dr Ladbrooke confirmed that performance is continuing to improve against the key indicators since the launch date although he acknowledged that the service had fallen back over Easter and LCW had been seriously challenged by rising demand during this period. He felt that the Committee could gain a better understanding of the way that the service operated by undertaking a visit to the call centre.

Mr Smith, a member of the public present at the meeting, suggested that the NHS should give more publicity to where patients with minor ailments could go e.g. pharmacies and in reply it was explained that referral routes were in place, as part of the 111 Service. Members of the Committee were invited to visit a call centre and see how the service works in practice.

The Committee thanked Dr Ladbrooke and Mr Kennett-Brown for attending the meeting and agreed to include this matter in its Work Plan

Resolved that:
A visit to the 111 call centre for the area would be arranged for Members of the Committee.

11 **WORK PLAN AND DATES FOR FUTURE MEETINGS**

The Committee agreed dates for meetings in 2013/14. In addition, it was agreed that consideration would be given to holding a meeting during May, subject to clarification of purdah period rules. This would be principally to look at Quality Accounts for relevant acute provide trusts. It was noted that Barnet HOSC had scheduled a meeting during May and had been advised that the purdah rules did not apply to health scrutiny.

Resolved that:
0. The following dates for future meetings of the Committee were agreed:
    - 19 July (Camden);
    - 4 October (Haringey);
    - 29 November (Barnet);
    - 7 February (Enfield); and
    - 28 March (Islington).

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1. The following items to be added to the Forward Work Programme:
   Whittington Hospital
   Formal consultation on urological and other cancers
   A&E services
   Strategic direction
   Failing GP practices
   Diabetes – future options and care plans
   Dentists and opticians
   Specialist services commissioned by NHS England
   NHS 111 Service
   Quality Accounts; Royal Free, Camden and Islington and Barnet, Enfield and Haringey Mental Health Trusts (both together), Barnet and Chase Farm.

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LGG's
The New Health Landscape

Presenter:
Olwen Dutton

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17 July 2013

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Olwen Dutton

Olwen is a partner specialising in local government. A former Chief Officer with a large County Council, she was also Chief Executive with a regional local government organisation. Olwen is a highly experienced local authority solicitor with many years of practical experience in local government law, during which she advised senior officers and members on complex strategic as well as legal matters.

Olwen currently advises on governance and risk, PFI, links between local government and health, restructuring, education and high profile environmental and planning matters as well as standards, data protection and human rights implementation. She has also undertaken sensitive and significant investigative work into senior officer and member conduct and dealt with high profile matters with intense media interest. Olwen is currently training and advising authorities throughout England and Wales on the practical implications of the Localism Act 2011 and the revised standards regime.

Main Issues for Local Authorities

- The new Health landscape
- Health and Well Being Boards
- Health Scrutiny
- Implications of Francis

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The Background

- "The renaissance of local government's role in health"
- The significant impact on public health outcomes of local government services
- Integration of public health across all service areas
- The "empowerment not entitlement" agenda
- Treatment v prevention?
- Funding - £2.2bn public health budget

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New Legislation

- National Health Service Act 2006
- Health and Social Care Act 2012
- The Local Authority (Public Health, Health and Well Being Boards and Health Scrutiny) Regulations 2013
- The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2013

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The New Health Landscape

- History of local authorities and public health
- Marmot Review
- Acceptance that individual health is influenced by determinants such as income, education, environment and employment
- "The transfer of public health can be seen as a catalyst for the transformation of many local public services"
- Public health interventions are long term matters – impact for politicians ?

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Marmot Review

Asked to prepare more effective evidence based strategies for reducing health regulations in England from 2010

- People living in the poorest neighbourhoods in England will, on average, die seven years earlier than people living in the richest neighbourhoods
- People living in poorer areas not only die sooner, but spend more of their lives with disability – an average total difference of 17 years
- The social gradient of health inequalities – put simply, the lower one's social and economic status, the poorer one's health is likely to be

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Marmot Review cont...

- Health inequalities arise from a complex interaction of many factors housing, income, education, social isolation, disability – all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable. It is estimated that the annual cost of health inequalities is between £36bn to £40bn through lost taxes, welfare payments and costs to the NHS
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community

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New Statutory Duties regarding Public Health

- Secretary of State must take such steps as Sofs feel appropriate for the purposes of protecting the public in England from disease or other dangers to health (s.2A NHS Act 2006)
- Each local authority must take such steps as it considers appropriate for improving the health of the people in its area (s.2B NHS Act 2006)
- Gives councils the power to provide financial incentives and provide financial assistance to persons to adopt healthier lifestyles and to minimise risks to health
- Implications of having such a duty ?
- Councils are not part of NHS but sometimes provide NHS services.
- NHS Services have to be provided within NHS requirements

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The New Health Landscape

- New Bodies – NHS England; PHE; HWE
- Old Bodies with new remit – CQC; Monitor; NICE
- CCGs
- HWBs
- Health Scrutiny
- Implications of Mid Staffordshire.

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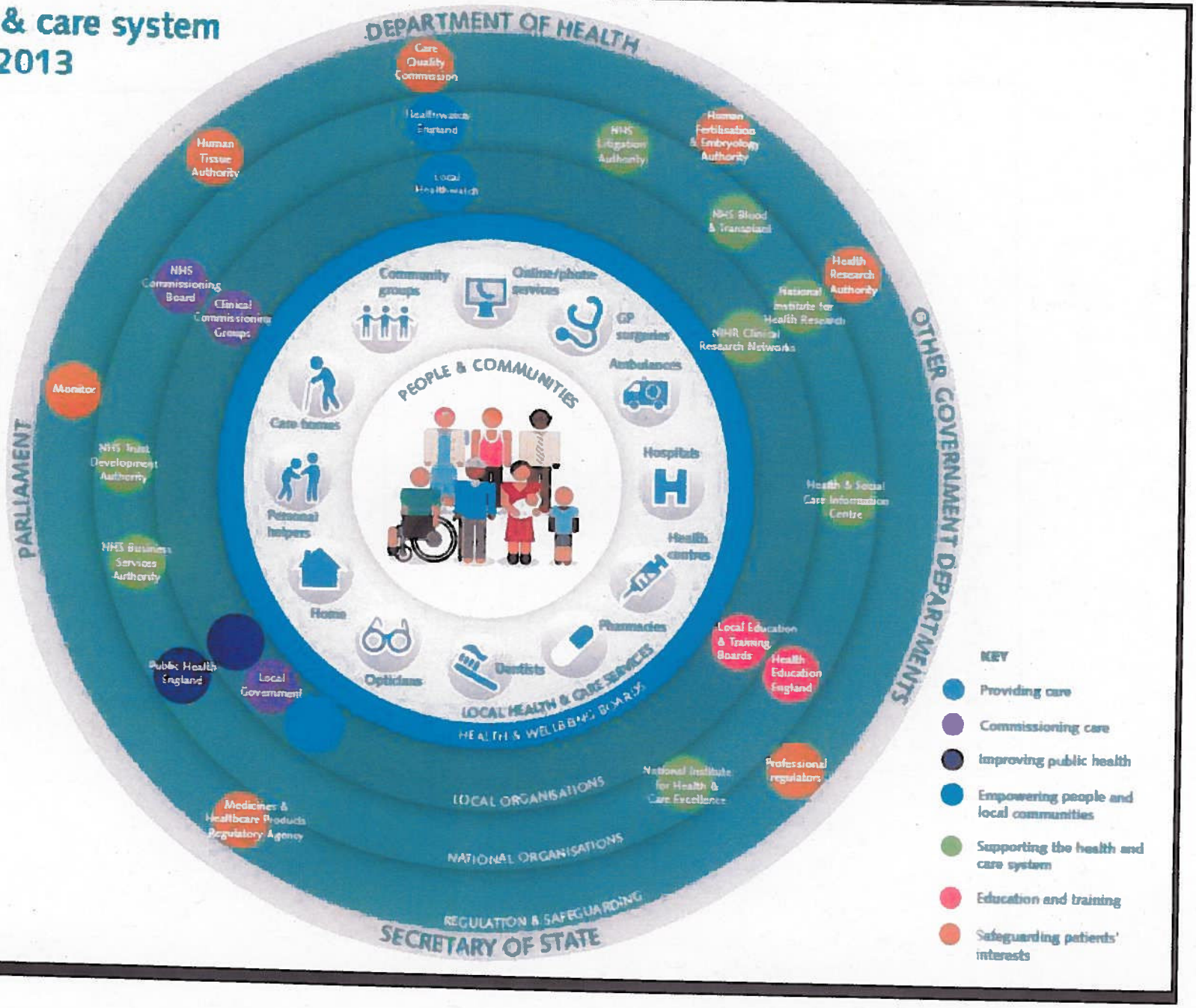
The health & care system from April 2013



Health Bodies (1)

PARTNER BODY OR AGENCY	ACCOUNTABILITY	KEY DUTIES AND RESPONSIBILITIES	RESOURCES CONTROLLED	INFLUENCE
NHS England	Secretary of State for Health	Statutory duty to manage all NHS commissioning	Approx £80bn of NHS spend, commissioned direct and via CCGs	Very significant, via oversight of CCG and GP commissioning
Public Health England	Exec agency of DH	Statutory duty to provide a public health service to the NHS England	Around £830m spent jointly by PHE and DH at present	Will be looking to ensure that Public Health outcomes framework measures delivered
Healthwatch England	Statutory committee of CQC, with own identity	Statutory duties of advice and escalation of local concerns	Budget will be part of CQC grant from DH	Support to Local Healthwatch and handles escalated issues
Care Quality Commission	Statutory NDPB of DH	Statutory regulator of health and social care	£163m budget for registration and inspection	Could intervene on any specific service
NICE	Statutory NDPB of DH	New roles in guidance on social care and PH, in addition to current responsibility		Source of advice and guidance

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Health Bodies (2)

PARTNER BODY OR AGENCY	ACCOUNTABILITY	KEY DUTIES AND RESPONSIBILITIES	RESOURCES CONTROLLED	INFLUENCE
Monitor	Independent regulator directly accountable to Parliament	Statutory duty to regulate the health market and competition		Degree of intervention in health market yet to become clear
Health Education England	Executive NDPB of DH	Responsible for workforce education and training	£4.9bn for education and training	HWB relationships likely to be through LTEBs
Local HealthWatch	Independent and accountable to local people and Healthwatch England	Statutory duties of advice, info and advocacy	DH funding to Councils to commission LHW	Depends on strength/credibility of Local HealthWatch
Council Executive and full Council	To local electorate	Statutory body, responsible for wellbeing of area	Council budget	Very significant, via Leader/Mayor or executive councillor
Directors of Adult and Children's Services	To the local council	To meet care and other needs of adults and children	Sizeable local authority budget	Major role in developing JSNA and JHSW

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NHS England

An autonomous non-departmental public body

- Statutory responsibility for commissioning primary care services
- Role is to ensure the NHS delivers better outcomes for patients within its available resources to provide leadership for the NHS to commission some services and to champion patient and carer involvement.
- NHS England will:
  - Assess, assure and hold CCGs to account for delivering their statutory responsibilities
  - Commission certain primary services (e.g. dental, pharmaceutical services, NHS sight tests)
  - Commission specialised services (e.g. specialised cancer, haemophilia)
  - Commission armed forces and offender health care
  - Commission certain health services on behalf of Public Health England
- NHS England will support HWBs through the production of the JHWS
- Will HWBs and CCGs will be able to extend upwards influence on NHS England ?
- Subject to local authority scrutiny
- Concordat between NHS England and LGA October 2012; Set up Joint Leadership Group and Leadership Executive Group

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Public Health England

- Leads for public health nationally
- Executive agency of the Department of Health, providing a public health service to NHS England – but is operationally independent of DH
- Ethos is a culture of subsidiarity, focused on support for local accountability (DH)
- Possible role evaluating performance against the public health outcomes framework
- May pursue intervention if necessary through a self improvement framework as with adult social care or children's services
- Budget holder and variants across public health spend across councils?
- Role in encouraging best practice
- Supports the development of the workforce

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Healthwatch England

- National body – role is to "enable the collective views of users of NHS and social care services to influence national policy, advice and guidance"
- Committee of CQC
- Three main functions:
  - To provide leadership, guidance and support to Local Healthwatch organisations
  - To escalate concerns about health and social care to the CQC;
  - To provide advice to the Secretary of State, NHS England, Monitor and English local authorities; all have a duty to respond to advice
- Also Local Healthwatch (takne over from LINks)
  - Commissioned by council
  - Legal entity and social enterprise (s.183 H&SC Act 2012)
  - Provides advocacy service
  - Reports concerns to HWE; can recommend CQC takes action

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Old Bodies, New Relationship- Care Quality Commission

- All health and social care facilities are required to register with CQC – GPs will now be registered by CQC
- CQC is the parent body for Healthwatch England and is likely to strengthen impact of feedback from the public on future operating practices
- Likely to be a more distant relationship with councils in relation to CQC for healthcare than social care unless there is a failure of a health facility

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Old Bodies, New Relationship - Monitor

- Becomes the sector regulator for healthcare which regulates all providers of NHS funded services in England
- Duty to "enable" integrated care
- Could incentivise and encourage integrated care through its approach to tariffs and licensing
- Should encourage greater cooperation and coordination within health care services and between health and social care services through its role in enabling the best possible care for patients to be delivered

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Old Bodies, New Relationship - NICE

- New responsibilities to produce evidence-based guidance for social care – issuing a series of public health briefings for local government will be a standard resource for public health responsibilities
- Piloting quality standards on social care issues, e.g.:
  - Care of people with dementia
  - Health and wellbeing of looked after children
- Extension of the role of NICE will assist HWBs to provide a more integrated response across the health and care system

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Clinical Commissioning Groups

- Replaces but does not replicate PCTs
- CCGs hold budgets and commission the majority of NHS services for their patients
- Commission emergency, urgent care and healthcare services to persons for whom they are responsible
- Once authorised, CCGs will be statutory bodies, so have a specific purpose with duties and powers conferred but limited to that purpose
- Usually conterminous with local authority boundaries (some exceptions)
- Has the power to enter into partnership agreements (e.g. for pooled budgets) with councils
- Statutory duty to reduce inequalities (health)
- Duty to ensure public involvement

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Health and Wellbeing Boards

- "A dynamic environment where the local health and wider needs of the population can be considered in partnership"
- To deliver "strong, credible and shared leadership"
- Responsible for encouraging integrated working, developing JHWA and JHWS
- Success depends upon building capable relationships
- Established under s.194 H&SCA 2012
- Duty applied to County Councils and unitary Councils, London Boroughs, Council of the Isles of Scilly, Common Council of the City of London
- Membership of HWB statutory - s.194(2) H&SCA 2012

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Functions of HWBB

- Two Core Functions- JHWS/JSNA
- Not reserved under the Functions and Responsibilities Order
- But- statute provides these are the functions of the HWBB; so not executive functions
- If HWBB have other functions delegated to them brings in executive/council considerations
- Where is the capacity to deliver the strategy ?
- Have duty to involve the public.

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Specific HWB Powers and Responsibilities

- Duty to provide opinion as to whether commissioning plan has taken proper account of JHWS
- Power to write to NHS England with that opinion on the commissioning plan
- Power to provide NHS England with opinion on whether published commissioning plan has taken proper account of JHWS

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HWB membership

- Statutory membership:
  - Councillors (at least one) – nominated by an elected mayor/leader
  - Director of Adult Social Services
  - Director of Children's Services
  - Director of Public Health
  - A representative of each CCG
  - A representative of Local Healthwatch
  - Such other persons as the local authority thinks appropriate – must consult with HWB
- HWB may itself appoint additional persons
- NHS England to attend when eitherJSNA/JHWS, or its own role
- discussed
- Health and Wellbeing Boards are s.102 LGA 1972 committees of the local authority (s.194 H&SCA 2012)

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Governance issues

- HWB are committees of local authority but exercise executive functions
- Will be able to appoint sub-committees
- Leader/Elected Mayor nominates councillors as he chooses but Council appoints- as S102 Committee
- Access to Information will apply – but not 2012 Regulations unless executive functions delegated
- Subject to review - by Scrutiny
- Call in won't apply unless executive functions delegated
- Members of HWB have voting rights (this includes the officers)
- Duties and restrictions under Localism Act 2011 relating to DPIs apply to all members of HWBs
- Code of Conduct will apply

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Local Authority Health Scrutiny

- Government consulted in Summer 2012 about proposed changes to health scrutiny- pre publication of Mid Staffs report
- New regulations into force from April 2013, guidance also to be published
- Government sees the main aim of health scrutiny to "act as a democratic leader to improve the health of local people. It is about looking at the wider local health economy, not just services provided, commissioned or managed by the NHS"
- "A fundamental way by which democratically elected community leaders may voice the views of their constituents and hold local NHS bodies and providers of NHS and public health services to account"

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Health scrutiny

- Previous 2002 Health Scrutiny Regulations revoked.
- Health scrutiny functions now conferred directly on councils
- May choose to discharge these functions in whole or part through an O and S committee
- Or via another authority's O and S where it considers that committee is better placed to undertake the functions and the other authority agrees.
- But not by an officer

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Health scrutiny

- Power to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area
- Duty to invite interested parties to comment
- Duty to take account of all relevant information available and that provided by Local Healthwatch in particular
- If matter referred must acknowledge referral within 20 working days and keep referrer informed

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Health scrutiny

- Local authority has power to make reports and recommendation to a responsible person on matters it reviews or scrutinises
- Reports must include-
  - Explanation of matter reviewed;
  - Summary of evidence
  - List of participants involved
  - Explanation of recommendations
- If local authority requests a reply the responsible person ("R")has 28 days to respond

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Health service reconfigurations

- Applies to "substantial development" or "substantial variation"
- Council must be consulted by "R"
- If council makes recommendations and R disagrees R must notify authority and r and authority have duty to take such steps as practicable to reach agreement
- Authority has power to report to Secretary of State where consultation inadequate or proposals not in the interests of the health service in its area. Regulations give details of what this must include.

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Scrutiny- joint committees

- Two or more authorities may appoint a joint O and S committee
- If a joint committee appointed the local authority may not discharge the function
- If R consults more than one Local authority re reconfiguration the councils MUST appoint a joint O and S and only that may make comments on the proposal, require information or the attendance of a representative of R
- A Joint O and S committee may not discharge any functions other than relevant functions under the regs

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Mid Staffs Public Inquiry

The Francis Report

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Why is this important to Councils ?

- Close relationship and growing integration between council functions and NHS;
- Relevance to local authority care services
- Scrutiny role of local authorities;
- General themes about how public services work

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Recommendations - themes

- Clear, enforced Standards
- Openness, transparency and candour
- Compassionate, caring, committed nursing
- Strong, patient-centred leadership
- Accurate useful information

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Accurate Useful Information

$$z^* = \frac{\sum r_i Z\left[\left(2CS_i + PE_i\right)/6\right] - \sum v_i Z_i}{\sqrt{\sum_{i=1}^{n}\sum_{j=1}^{n} r_i r_j x\left[\left(2CS_i + PE_i\right)/6\right]x\left[\left(2CS_j + PE_j\right)/6\right]xC_{ij} + \sum v_i^2}}$$

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Implications of Mid Staffs for Councils

- "All commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work"

- " What is required now is a real change in culture, a refocusing and recommitment of all who work in the NHS – from top to bottom of the system - on putting the patient first"

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An isolated case?

- "The assumption … that any other hospital providing such poor care would have been uncovered by the systems in place… is a naive assumption and one which places reliance on a regulatory system which has been demonstrated to have failed in a significant way. **The assumption should be, we submit, the very opposite - that there are other failing hospitals and the system needs to be designed to ensure that those hospitals are also identified.**" – Tom Kark QC

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Individual accountability

- I do not for a moment believe that those in responsible positions in the ... healthcare system went about their work knowing that by action or inaction they were contributing to or condoning the continuance of unsafe or poor care of patients.
- What is likely to be less comfortable for many of those in such posts at the time is the possibility, and sometimes the likelihood, that whatever they believed at the time, they were not being sufficiently sensitive to signs of which they were aware with regard to their implications for patient safety and the delivery of fundamental standards of care.

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Why things were not discovered sooner?

- Trust: lacked insight - generally defensive - lacked openness with patients/ public and external agencies
- External agencies: responsibilities not well defined – silos - "regulatory gaps" - failure to follow up warning signs - lack of effective communication
- Constant reorganisation in NHS- loss of corporate memory
- Systemic culture - inappropriate comfort from assurances given by the Trust or from action taken by other regulatory organisations
- Structure where identifying systems, processes and targets were main measures of performance
- Finances and targets not considering impact on the quality of care
- General lack of effective engagement with patients and the public, and failure to place clinicians at the heart of decision-making
- Patients concerns/complaints were not heeded

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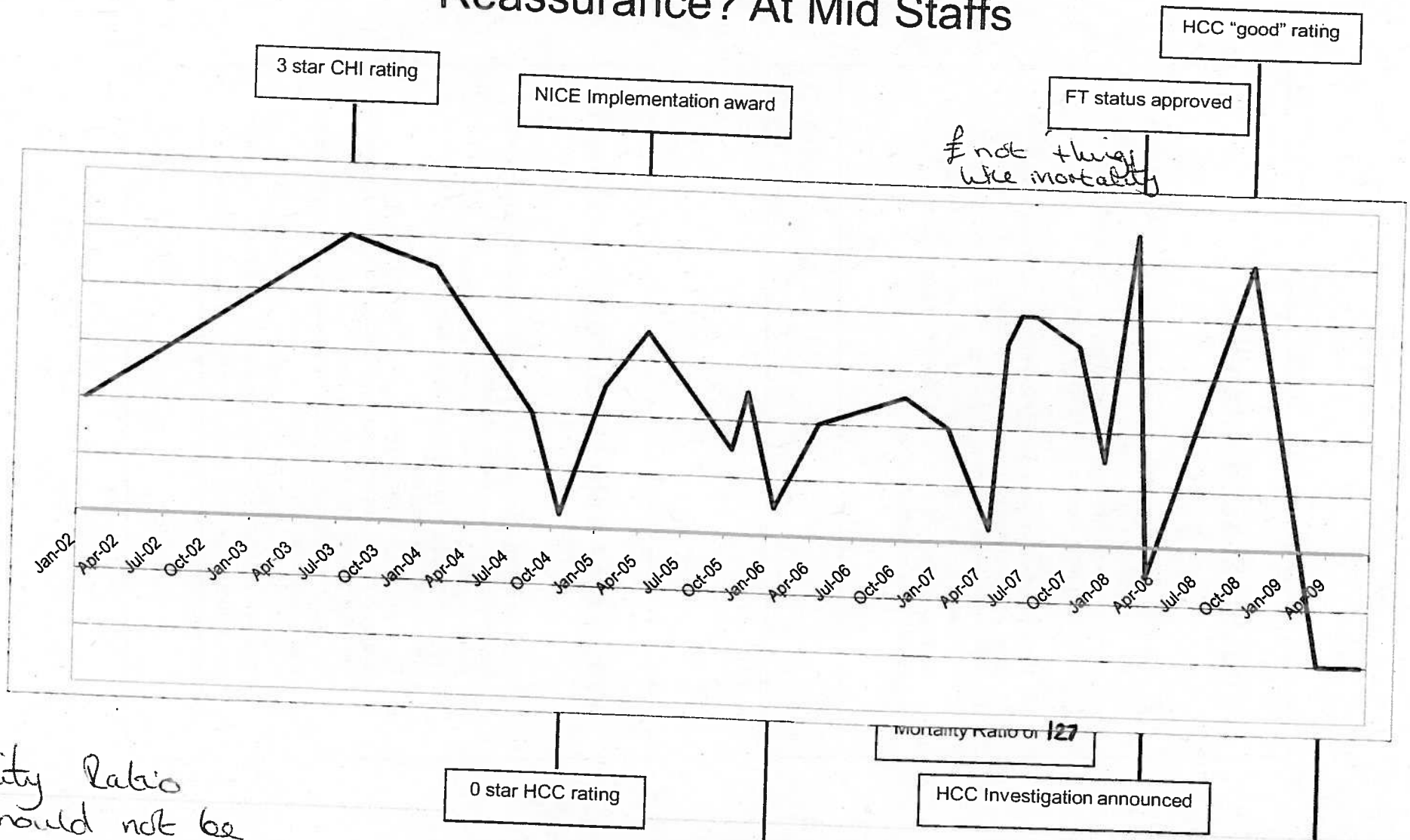
Reassurance? At Mid Staffs



Mortality Ratio should not be over 100.

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Some other issues for Councils

- Culture
- Focus on achieving targets and financial savings at the expense of quality and safety and patent care
- Listening and observing
- Provision/procurement of services
- Effective scrutiny

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Culture

Management response to incidents

- large numbers of adverse incident reports citing understaffing as a root cause at the turn of 2005/6
- – the paucity of information about adverse incidents reaching the Board, was important in allowing changes in workforce to be made without a real appreciation of their likely impact - John Newsham (Finance Director) –

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Negative aspects of culture...

- Lack of openness to criticism
- Lack of consideration for patients
- Defensiveness
- Looking inwards not outwards
- Secrecy
- Misplaced assumptions about the judgement and actions of others
- Acceptance of poor standards
- A failure to put the patient first in everything that is done

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Openness transparency and candour

- Aim-Common culture with 3 characteristics-
- Openness- enabling concerns to be raised & disclosed without fear & questions answered;
- Transparency- true information about performance and outcomes shared with staff, patients, public
- Candour- patients harmed are informed and appropriate remedy offered whether or not complaint made

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Targets at the expense of patient safety

"Although a focus on quality has developed significantly in the last 10 years, the DH has failed to place it firmly at the core of its policy by assessing the impact of key policies, such as financial rebalance, the FT agenda and structural reform on quality. The DH should ensure that there is senior clinical involvement in all decisions which may impact on patient safety and well-being.

Some of the evidence the Inquiry has heard shows that DH officials are at times too remote from the reality of the service they oversee. ... Nothing is more likely to focus the mind on the impact of decisions on patients than to listen to patients' experiences"

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All the policies in the world....

"It is the intention of the Trust to ensure that **all adverse incidents and near misses are reported** in order to ensure that all known hazards to the health, safety and well being of staff, patients and others are eliminated wherever possible, and as a minimum reduced to the lowest level reasonably practicable.

It needs to be emphasised that the Trust adopts an **'open and fair'** policy in the investigation of adverse incidents. The overriding principle of such a policy is that when things have gone wrong, the Trust places more **emphasis on taking corrective action to improve practice** rather than to apportion blame and take punitive action. This is based on the assumption that Trust staff act in good faith. This does not however mean that disciplinary action will not be taken where appropriate and necessary following on from an investigation...

- **Accurate and timely reporting of all adverse incidents is an essential part of the risk reduction process**."

Adverse Incident policy (May 2007)

mid Staffs

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Focus on Finance

- "It was clear that the Trust was operating in an environment in which its leadership was expected to focus on financial issues and there is little doubt that this is what it did. Sadly, it paid insufficient attention to the risks in relation to the quality of service delivery this entailed."

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Complaints

- "Patients were not heard"
- "Failure to respond to warning signs...likely due to lack of importance attached to these sources of information"
- "Complaints, their source, handling and outcome provided an insight into the effectiveness of an organisations' ability to uphold both the fundamental standards an the culture of caring"

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Complaints- recommendations

- O &S committees and Local Healthwatch should have access to detailed information about complaints
- Commissioners should require access to complaints information; commissioners required by NHS England to undertake support and oversight of GPs and given resources to do so.
- Learning from complaints must be effectively identified, disseminated and implemented and made known to complainant and public

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Patient involvement- old models

- PPIF – failed to achieve anything but mutual acrimony between members and between members and the host. A preoccupation with constitutional and procedural matters … (para 1.21)
- LINks – an even greater failure – the potential for consistency represented by CPPIH removed (para 1.22)

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Patient involvement- new model

- Local HealthWatch – "DH does not intend to prescribe an operational model, leaving this to local discretion. It does not prejudice local involvement in the development and maintenance of the local healthcare system for there to be consistency throughout the country in the basic structure of the organisation designed to promote and provide the channel for local involvement" – para 1.24
- "any body seeking to collect and deploy local opinion should avail itself of, but not be led by, what groups offer" – para 1.28
- Local authorities required to pass over funds received to Local Healthwatch organization ; if it becomes incapable of performing its function LA/HWE to intervene.

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Gov't Response: Patient involvement

- HealthWatch England will deliver a full offer of training and guidance over the next financial year to ensure and support the development of a vibrant and effective local HealthWatch network. This training will support:

  - leadership of local HealthWatch and volunteers
  - the use of powers to 'enter and view' health and care services to observe activities carried out

  – paras 2.57 and 2.59

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Provision/procurement of services

- Commissioners ..must ensure services they contract from providers are well provided and provided safely
- Need proper scrutiny that providers are delivering the standard of service required under their contracts
- Commissioners should have powers of intervention when services are being provided which do not accord with contracts.
- "urgent need to … refocus commissioning into an exercise designed to procure fundamental and enhanced standards of service for patients as well as to identify the nature of the service to be provided".
- Public should be involved in commissioning and their views taken into account

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Scrutiny (1)

- The local authority scrutiny of health functions failed to identify or to address the issues at Mid Staffordshire.
- O & Committee "a pleasant little talking shop" (Para 79);
- Lack of openness from the hospital to O&S Committee – "Even as the Healthcare Commission were writing in September 2008 to say: you are a dangerous place, get your A&E sorted out. Meanwhile, the management team is giving a slide show to the OSC saying: it is absolutely fine. The OSC went for lunch at the hospital, were shown round a little bit, asked no questions." (Witness from Cure the NHS quoted at Paragraph 79);

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Scrutiny (2)

- Lack of understanding and grip on real local healthcare issues (Section H; External Organisations, Para. 78);
- Lack of real interrogation and an over-willingness to accept explanations (Para.80);
- OSC agendas contain little evidence that the OSC took a particularly aggressive or proactive approach to their scrutiny of the local NHS (Para. 81)

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Scrutiny conclusions for Councils

- Local authorities have unique powers to scrutinise NHS functions, to call for information and explanations, to question proposed plans, and to invite senior managers to attend and provide evidence.
- However unwelcome their attentions may be, they do have a responsibility to exercise these powers "positively and proactively"
- This requires informed members and well resourced scrutiny arrangements.
- Should have power to inspect providers rather than relying on local patient involvement structures and work with those structures to trigger and follow up inspections where appropriate
- CQC should expand its work with O&S committees as a valuable information resource

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Conclusions

- The importance and far reaching implications of the new health agenda for local authorities
- The findings in the Mid Staffs inquiry have many implications both direct and indirect for local authorities

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The New Health Landscape

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