HARINGEY COUNCIL

Agenda item: **9**

Overview and Scrutiny Committee **On 3rd July 2006**

Report Title: **Health and Social Care in Haringey**

Report of: **Anne Bristow, Director of Social Services and Housing**

Wards(s) affected: **All**	Report for: **Information**

1. Purpose

1.1 To present Health Overview and Scrutiny with an overview of health and social care in Haringey.

2. Recommendations

2.1 That the Overview and Scrutiny Committee note the points raised within this report.

Report Authorised by: **Anne Bristow, Director of Social Services and Housing**

Contact Officer: **Catherine Galvin, Assistant Director Business Improvement, Social Services, 0208 489 3719**

3. Executive Summary

3.1 The NHS has had a number of financial and structural challenges in the recent past which have had an inevitable impact upon Haringey Teaching Primary Care Trust and Haringey Council.

3.2 There was consultation surrounding the merging of various Primary Care Trusts (PCTs) as well as the Strategic Health Authorities (SHAs), a body which oversees the PCTs. This in turn would have had an effect on the partnership working between the NHS and Local Authorities.

3.3 There have also been significant financial issues on a national and local basis which have resulted in changes to the services delivered both by Haringey Council and by the PCT.

3.4 At the same time a White Paper (Our Health, Our Care, Our Say) was published with a focus on greater joint working between agencies and on giving service users greater choice and control over the services they receive.

4. Reasons for any change in policy or for new policy development (if applicable)

N/A

5. Local Government (Access to Information) Act 1985

5.1 N/A

1. National Structures

1.1. NHS policy in England is directed from the centre by the Department of Health. However, the Primary Care Trusts (PCTs), have the responsibility of providing and commissioning services and controlling the majority of the budget.

1.2. PCTs are overseen by Strategic Health Authorities.

1.3. Recently General Practitioners in some areas have been handed greater control in terms of Practice Based Commissioning in order for them to commission services themselves as the NHS tries to encourage more care to be administered outside hospitals.

1.4. The NHS is currently undergoing a number of structural changes including the reduction from three hundred and three Primary Care Trusts (PCTs) to one hundred and fifty two, reducing the number of Strategic Health Authorities (SHAs) from twenty five to ten and the rearrangement of ambulance trusts outside of London. The aims of these reconfigurations are to:

- Make efficiency savings on administrative costs
- Create more efficient commissioning bodies
- To align PCT boundaries more closely with local authority boundaries, in line with closer joint working between health and social care.

1.5. As of July 1st 2006 the five Strategic Health Authorities in London will merge to become one 'London Strategic Health Authority'. This London SHA will share the same boundaries as the Government Office for London.

1.6. Discussion also took place with regards to the reconfiguration of London PCTs by the merging of groups of PCTs together resulting in between five and seven PCTs for the whole of London as opposed to co-terminosity with local authority boundaries. There were serious concerns raised with this approach as it would have resulted in Haringey becoming part of a 'super-PCT' as opposed to having one Haringey focused PCT. Haringey successfully lobbied the Department of Health due to concerns surrounding a number of factors;

- A belief that the partnership is more effective when a local authority and PCT are focused on the same geographical area.
- The 'super-PCT' approach would jeopardise emphasis which has been placed on greater integration between the bodies with regards to joint planning, pooled budgets, joint commissioning etc. All of which are key areas of the Our Health, Our Care, Our Say White Paper.

1.7. The changes outlined above have implications for the future of health service provision and commissioning. The new boundaries also have implications for local authorities, particularly their work with the National Health Service through local strategic partnerships, children's trusts arrangements and health improvement work. Health scrutiny work will also be affected by these changes.

2. Consultation

2.1. The government, as part of the NHS Plan, has made a commitment to put patients and the public at the centre of everything that the NHS does and plans to do. The Health and Social Care Act 2001 placed particular duties on NHS bodies to engage with the local communities.

2.2. There is an ongoing responsibility under Section 11 of the Act to involve and consult the public in planning and developing services. There is also a duty of involvement or consultation under section 11, which means that other stakeholders should be

consulted and involved *in addition* to OSC, as well as a specific duty (under Section 7) to consult OSCs regarding proposals for "substantial variations or developments" to health services.

2.3. There is no specific definition of what "substantial" means in this context but OSCs and NHS bodies are encouraged to develop an agreement of the factors that should be taken into account. Department of Health guidance suggests that the following issues should be considered:

- Changes in accessibility
- Impact of the service on the wider community and other services
- Number of patients affected and to what extent
- Methods of service delivery

2.4. Discussions should also aim to reach agreement on the conduct of the consultation and the timescale. With Cabinet Office guidelines suggesting a minimum of 12 weeks to ensure hard to reach groups are consulted.

2.5. OSCs have the power, as a last resort, to refer proposals to the Secretary of State if they are not satisfied with the adequacy of the consultation with the OSC or if they feel that the proposal is not in the public interest.

2.6. At the time of writing, discussions are still taking place between the PCT and the OSC in order to reach an agreement on which, if any, of the PCT's current budget proposals could be described as being "substantial" and an appropriate form of consultation with OSC. It should be noted that any proposals not considered to be substantial can still be commented upon by OSC although the Committee would not have the same statutory powers of referral in respect of them.

3. Practice Based Commissioning

3.1. Practice based commissioning (PBC) has come from a government aim of addressing the balance of health care spending which has previously tipped towards the acute sector.

3.2. GPs are becoming aware that some of their patients e.g. those with diabetes, are experiencing emergency admissions when their symptoms temporarily worsen. The introduction of practice based commissioning should alleviate this as GPs have incentives to provide more care in the community, in order to prevent emergency admissions and clinical deterioration. These savings made through prevented admissions can then be used to provide more funds for the PCTs.

3.3. Evidence suggests that substantial savings can be made using PBC, by the reduction in emergency admissions of people with long term conditions by the practice buying extra nursing, social work and pharmacy care. However, evidence also suggests that time; resources and support are needed in order for this to succeed.

3.4. In the short term, the government timetable of achieving universal coverage by the end of 2006, the re-organisation of PCTs and the financial issues make the delivery a great challenge.

4. Our Health, Our Care, Our Say

4.1. Our Health, Our Care, Our Say was published in May 2006 as a joint White Paper for Social Care and Health.

4.2. There are seven main outcomes for adult social care laid out in the paper:

- Improved health and emotional well-being,
- Improved quality of life,
- Making a positive contribution,
- Choice and control,
- Freedom from discrimination,
- Economic well-being, and
- Personal dignity.

4.3. The main impetus of the White Paper is of maintaining service users' independence as much as possible by giving them greater control and choice over the services which they receive. This includes the use of Direct Payments and Individual budgets.

4.4. There is also an emphasis on preventative services with the aim of moving away from protecting against risk to enable service users to have the flexibility to chose. This has been flagged up in Haringey as an area which needs to be given some greater thought and analysis due to potential implications and responsibilities.

4.5. The Government also wants joint working between local authorities and the NHS to be developed in a broad range of areas. This matches Haringey Council's existing direction of travel.

Local Structures

5. Haringey Teaching Primary Care Trust

5.1. Haringey Teaching Primary Care Trust (PCT) has a number of core functions and responsibilities:

- Public health role
- Commissioning of services
- Primary care development
- Service provision

5.2. The PCTs strategic direction is a result of key targets set for the NHS:

- Improving the health of the population
- Support people with long term
- Improve access to services
- Improve patient

5.3. The PCT also has a number of priorities on a more local basis:

- Managing supply and demand of services
- Mental health – this is recognised as a significant issue for Haringey's population and is a proposed Scrutiny review later this year.

5.4. In order to meet all of the above targets, close partnership working between the PCT and the Council is needed.

6. Financial Issues

6.1. On a national level the NHS has been experiencing a number of financial difficulties, with a number of trusts having to make budget cuts in order to try and cover the deficit.

6.2. In January 2006 the PCT notified the Council of the withdrawal of £1.4m of funding. At that time it was estimated that there would be a direct impact on statutory community care services of around *£0.9m*.

6.3. In addition to this there are a number of key features in the PCT's strategic plan which will have an impact on social care for Haringey's residents.

6.4. **Other Care Services**

6.4.1. There are significant pressures for the mental health strategy in Haringey and real timing issues as a result of the cuts.

6.4.2. At the time of writing the impact on Learning and Physical Disabilities is assumed to be in relation to demographic changes as opposed to PCT financial issues.

6.5. **Older People's Services**

6.5.1. The majority of the impact of the PCT financial plan impacts on Older People's Services. This includes shortening the length of time spent in hospital and reducing hospital admission. In both of these cases it would inevitably mean an increase in the number of people requiring services in the community.

6.5.2. There is also a proposal relating to the closure of wards at Greentrees which would again result in a greater need for care services out of the hospital setting.

7. Haringey Social Services

7.1. **Learning Disabilities**

7.1.1. There are approximately 800 adults with learning disabilities in Haringey known to the service of which 534 receive a service.

7.1.2. The service brings together within one management structure all specialist services for adults with learning disabilities from the Council, Teaching Primary Care Trust and Mental Health Trust.

7.1.3. Learning Disabilities has a pooled budget with a partnership arrangement allowing for a scheme of delegation.

7.1.4. This service includes joint commissioning on services for example, Day Opportunities and Supported Living.

7.2. **Mental Health Services**

7.2.1. There are approximately 450 people with mental health needs known to the service.

7.2.2. Mental Health services in Haringey are provided through a partnership between Haringey Council, the PCT and the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT).

7.2.3. This service consists of a jointly appointed 3rd Tier manager who manages the financial streams and associated planning processes across both agencies. However, further work is required to secure an integrated budget management system.

7.2.4. An agreed joint Mental Health Strategy is in place with detailed commissioning plans under discussion.

7.2.5. There are also Community Mental Health Teams (CMHTs) in place under an integrated management structure.

7.3. **Older Peoples Service**

7.3.1. There are currently approximately 21,000 older people living in Haringey with approximately 650 in residential or nursing care, and a further 3,500 receiving community services.

7.3.2. Older Peoples services work jointly with the PCT to prevent hospital admissions and enable timely discharge; this includes initiatives funded through pooled budgets.

7.3.3. Progress is being made with regards to the development of integrated Community Mental Health Teams for older people.

7.3.4. The development of integrated falls and intermediate care pathways are at an advanced stage.

8. Haringey Children's Service – Links with PCT

8.1. The Children's Service (CS) has a strong and productive relation with the PCT at both strategic and operational levels. The director and assistant directors within the PCT Children and Young People's Service have been fully involved in the establishment of the CS and planning for the delivery of the Every Child Matter agenda, in particular through the development of the three children's networks. This partnership reflects the overall Children and Young People's Strategic Partnership (CYPSP)

8.2. At operational level, the CS works with the PCT, primarily through children's centres and early years provision, school nursing service and in relation to individual and groups of children with additional and complex special needs. This is mostly likely to relate to the provision of therapies – speech and language and occupational therapy as well as dietician, audiology and other specialist services. The PCT has a significant role in the delivery of provision within Haringey special schools as clinicians work in partnership with school staff to provide a 'team around the child' approach to children and young people with complex needs.

8.3. The Children's Service and PCT work in partnership to ensure that children and young people in Haringey are safeguarded from harm and to promote their well-being. This work is driven through the Local Safeguarding Children Board (LSCB) and roles and responsibilities are defined by the All London Child Protection Procedures.

8.4. The Children's Service and the PCT are also partners in the strategy to reduce the incidence of teenage pregnancy and to improve sexual health. Children's Service and PCT staff work together in the teenage pregnancy team, targeting young people who are at risk of becoming parents prematurely or who have become parents and require support for the care of the child and to continue with their education. There is also joint work to deliver personal, sex and health education to children and young people and to provide advice and support services that young people can access in the community.

9. Our Health, Our Care, Our Say - Implications for Haringey

9.1. As mentioned throughout the report, Haringey already delivers a number of joint services between the Council and the PCT and there are ongoing discussions on furthering this.

9.2. However, there are a number of challenges that need to be overcome in order for these to be successfully implemented:

- Inspection regimes of the two organisations are currently very different for the two agencies. In order to effectively embed joint working this would need to be synchronised.
- Work needs to be done to establish how good joint commissioning and joint PIs will be defined.
- Potential cost implications of integrating social care into NHS facilities. Certain functions for example, care and assessment management can not be efficiently integrated.
- Joined up IT systems need to be effectively and efficiently put into place.
- Further guidance surrounding the matter of risk management is expected later this year. This will assist in the clarification of the balance between protection from risk and greater choice given to the service. For example some service users may want to use their Individual Budgets in a way seen inappropriate by agencies. In this case, what would the Council's responsibilities be towards the service user?