

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL – 5TH MARCH 2013

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

LC46. OVERVIEW OF CHANGES TO HEALTH

Jill Shattock, Director of Clinical Commissioning (Designate) gave a summary of the main changes to the health structure from 1st April 2013.

- Primary care trusts and strategic health authorities to be abolished
- Public health functions moving to local authorities
- Clinical Commissioning Groups (CCGs) to take over commissioning for local areas and be statutory bodies (Haringey CCG is on track to be fully authorised from 1 April with one or two conditions).
- Commissioning Support Units will support CCGs (in Haringey we are supported by the North and East London CSU)
- NHS Commissioning Board will be responsible for primary care contracting and for the authorisation of CCGs
- Ownership of buildings will move to NHS Property Services Ltd or to providers
- Health and wellbeing boards will be established
- LINKs will be abolished and replaced by local Healthwatch.

LC47. UNSCHEDULED CARE

The Panel heard from representatives of the CCG, NHS 111 programme and Barndoc

- The basic idea of 111 is to ensure that people access the right service at the right time – “Right First Time”. It is a free to call number for when you need medical help urgently but when it isn’t an emergency. ‘Urgent’ is defined by the called when deciding whether to call 111 or 999. 111 calls are answered by call handlers, all of which are supervised by clinicians. The call handlers assess the urgency of the call and look at best possible local services and how these can be accessed. 111 is different to NHS Direct which stops at the end of March in London.

Out of Hours

North Central London is currently split with the North section out of hours being provided by Barndoc and the South section being provided by Harmoni. In Haringey provision of out of hours by Harmoni ends on 1st April and Barndoc takes over as of 2nd April. Harmoni will continue to provide out of hours in Camden and Islington and Barndoc will cover Barnet, Enfield and Haringey. The Barndoc Service Specification is the same as it was before for Harmoni – there is no service change and home visits will continue. However, the face to face sites will change – the Laurels will continue to be the Haringey base, Finchley, Edgware and Chase Farm will be additional bases. The Whittington will no longer be an option for out of hours. However it was noted that the Urgent Care Centre would still be an option for patients wishing to go to the Whittington.

A local Patient Participation Group Chair questioned what the process would be when compared with the current NHS Direct, for example when someone called who had accidentally taken an extra tablet of their medication. The PPG Chair was informed that the process in this case would be exactly the same and that the clinical adviser would take over the call from the call handler.

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The Panel raised concerns about the change to the access location of out of hours services for some residents in the borough, particularly those who live near or are used to using the Whittington. It was noted that there are approximately 7 patients per day which use the Whittington in this manner.

The Panel questioned how Barndoc intends to work with HealthWatch and was informed that they have a Patient Forum which currently includes a LINK members. There is also a contractual requirement to get feedback by three mechanisms:

1. External Mori Survey
2. Barndoc survey
3. Pain Management Survey

Barndoc representatives assured the Panel that there was a rigorous interview process in place and that every GP performing out of hours services needed to do a minimum amount of sessions per month, and that there were training requirements to ensure that out of hours services are kept to a high standard of care.

Agreed

- The Panel would revisit 111 and Out of Hours in approximately 6 months, when performance data would be available for 2 quarters which the Panel could consider.
- Jill Shattock would provide data on home visits undertaken by out of hours services.
- Due to the Panel's concerns about the change in Out of Hours services available to Haringey residents at the Whittington Hospital the Panel agreed to follow this up outside of the meeting and by requesting further clarification and information.

LC48. WHITTINGTON HEALTH ESTATES STRATEGY

The Panel heard from representatives of Whittington Health, Dr Koh (CE), Dr Greg Battle, Philip Ient and Richard Martin.

The Estates Strategy is one of a number of plans and falls out of the integrated care strategy. There is recognition that they did not consult properly with both Members and residents and that there is more work to do.

The Strategic Health Authority has asked them to pause taking forward their Foundation Trust application by 4-6 months. They are therefore in 'listening mode'. The SHA has said they like their overall strategy and integrated care vision however:

- They need to gain more clarity on financial savings;
- Do better at communicating; and
- Work harder around staff and community engagement.

The Whittington recognises that they have not made the link between the clinical strategy and the estates strategy clear enough to people and that they have failed to get people on board and to get people to understand the clinical background.

The Panel were informed that the Whittington Board is deeply committed to having an A&E on site and that they are fully committed to having a full set of clinical services around the A&E. Dr Koh informed that Panel that they hope to keep all clinical services which are there at the moment, however sometimes directives come from above as happened with stroke services. The Panel queried the percentage of the current land which was intended for sale and how much of the strategy is finance led. The Panel were informed that the strategy is a direction of travel and that the Whittington reserves the right not to sell buildings and use them for

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something else if they wish. With regards to the percentage, it is about 40% of the site, about 4% of which is used for clinical activity. The rest is administrative, education and training. The Panel noted that the Whittington services are not confined to the Whittington Health hospital site and that there are as number of community services across Haringey in the Whittington's capacity as an integrated care organisation.

With regards to the 'cap' on maternity services the Panel were informed that this word should not have been used in the strategy. The hospital currently has about 4,000 births a year and the maternity figures suggest that this will continue to be the case. Work is needed on the maternity wards to develop and improve them. There is no formal cap and no one would be turned away from the maternity services.

The Panel raised concerns about older people leaving hospital too early and asked whether the money would be channelled into community services to support people in these settings. They were informed that the majority of the money would be going into acute services.

Agreed

- The Adults and Health Scrutiny Panel will visit the Whittington Hospital site. MP to speak to Philip lent to arrange.
- Whittington would provide a map of new buildings and services as is.
- Whittington Health would attend a future Panel meeting to present on the Integrated Care strategy.

LC49. FRANCIS INQUIRY

The Panel discussed ways in which they could ensure that all information is captured to enable them to have a better overview of any possible issues, for example by using Councillors casework and ensuring a strong relationship with HealthWatch.

The Panel agreed to revisit the scrutiny recommendations following the government response and at the start of the new municipal year in order to build improvements into the work of the Panel.

Cllr Gina Adamou

Chair