

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

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

Co-Optees Pam Moffat (for Claire Andrews)

Apologies Helena Kania (LINK), Kevin Dowd (HAVCO) and Claire Andrews (HFOP)

LC46. APOLOGIES FOR ABSENCE

Apologies from:

Helena Kania (LINK)
Kevin Dowd (HAVCO)
Claire Andrews (HFOP)

LC47. URGENT BUSINESS

None received.

LC48. DECLARATIONS OF INTEREST

None received.

LC49. 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.

LC50. UNSCHEDULED CARE

The Panel heard from:

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

- Jill Shattock, Director of Clinical Commissioning, Haringey Clinical Commissioning Group (CCG)
- Dr John Rohan, Haringey GP and Haringey CCG Governing Body member (unscheduled care lead)
- Alison Blair, Senior Responsible Officer for the NHS 111 programme
- Sarah McIlwaine, Senior Programme Manager, NHS 111 programme
- Annette Alcock, Deputy Chief Executive, Barndoc
- Dr Anuj Patel, Medical Director, Barndoc
- Christine Callender, Director of Operations and Nursing, Barndoc

The Panel received an overview of the 111 and Out of Hours service. The following points were noted:

111

- The basic idea of 111 is to ensure that people access the right service at the right time – “Right First Time”.
- 111 is a national service.
- Haringey is working with the other four areas in the North Central London cluster to set up a local version with local information.
- The service is being rolled out in April 2013.
- 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.
- It is different to NHS Direct which stops at the end of March in London.
- The aim of 111 is to deal with callers at the time of their initial call. You can also be referred to another provider.
- 111 can send information to other providers e.g. GP surgery.
- 111 can send you an ambulance if needed.
- At the time of the meeting the 111 service in Haringey was being tested ready for go live. It is not yet being advertised as services which are not live can not be advertised.
- The content of the local Directory of Services, which 111 access when speaking to patients, is influenced locally by the Haringey CCG.

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

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 2012 activity statistics showed that 10,212 residents contacted out of hours services. Of these
 1. 8,366 patients had a face to face appointment at a site.
 2. The remaining received advice on the phone or where referred to other providers the next day e.g. pharmacist or GP.
 3. N.b These figures do not include home visits which are counted separately. These will be provided for the Panel.
 4. Of the 8,366 the following shows which bases Haringey residents visited:
 - 5,306 at the Laurels
 - 2,527 at the Whittington
 - 259 at St Pancras
 - 274 at Homerton (Harmoni's Hackney base).
- 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.
 1. At present out of hours services are available until 11.30pm at the Whittington and the Urgent Care Centre is open until 10.30pm.
 2. The Whittington was the Islington base for Harmoni.

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

- Islington are currently consulting on whether there is a need for out of hours services next door to an urgent care centre when both centres could be seeing the same kind of patient.
- There is extensive communication work currently taking place on changes to health services and there is a recognition that there is a need to be very clear about the changes.
- There is a national campaign going on and Haringey are also working on a local campaign.

Barndoc introduction

- Barndoc formally introduced themselves to the Panel.
- Barndoc has been introducing themselves to GPs around the borough and has also invited any interested Haringey GPs to contact them should they wish to do some Out of Hours shifts.

Discussion points noted:

- The Panel queried why there are two different organisations providing services which could be provided by one. The Panel was informed that if you call 111 then you can be transferred to out of hours services.
- 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.
- The online presence of the NHS in NHS Direct will continue and will be essentially the same.
- Urgent Care Centres are still available and are growing.
- There is a Pan London Clinical Governance group which scrutinises data across London.
- Barndoc data has been benchmarked with Hillingdon and Croydon.
- 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 use to using the Whittington. It was noted that there are approximately 7 patients per day which use the Whittington in this manner.
- The Panel asked for clarity on what impact the new provider would have on existing mechanisms and services and was informed that when you call out of

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

hours the call handler will look at services in the local directory which are closest to the GP surgery you are registered with. If you are not registered with a GP this will be based on your postcode.

- If a caller states they are not happy with the choice that they have been given then the call handler pulls up a secondary set of services.
- At 11pm all calls to out of hours are moved to home visits.
- The Panel questioned whether all GPs who provide out of hours services would be proficient in English and was informed that all GPs must pass an English test before they are registered with the General Medical Council and that they must pass an additional test before they are put on the Local Medical Council register.
- The Panel queried the languages that are covered by call staff given the diversity of Haringey and was informed that Barndoc staff speak 20 languages. The Panel also noted that Language Line translation services is used when needed, in the last quarter this service was used for 13 languages.
- 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
- The Local Pharmaceutical Committee representative queried whether Barndoc has access to GP records and was informed that they do not. However, they will build up their own database based on the calls they receive and any information provided by GP surgeries (with patients permission).
- 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.

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

- 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.

LC51. WHITTINGTON HEALTH ESTATES STRATEGY

Representatives:

- Dr Koh
- Dr Greg Battle
- Philip Ient
- Richard Martin

Dr Greg Battle introduced the item with the following points:

- 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 following discussion points were noted

- Listening mode is about listening to comments and concerns and about communicating.
- The Whittington recognises that they have not made the link between the clinical strategy and the estates strategy clear enough to people.

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

- The Whittington recognises that they have failed to get people on board and to get people to understand the clinical background
- The Estates Strategy could be modified during this pause.
- The Adults and Health Panel have recently visited St Ann's hospital site and Chase Farm mental health wards. At their visit to St Ann's they were able to see the conditions of the buildings and the site overall and therefore gain a better understanding of the redevelopment issues and needs. This same opportunity has not been presented by the Whittington.
- The Panel noted that a lot of elected Members have been informed of what is happening via the press as opposed to from the Whittington communicating directly with stakeholders, including the Adults and Health Scrutiny Panel.
- The Panel queried whether the Whittington had shared the strategy with Haringey Clinical Commissioning Board (CCG) and shadow Health and Wellbeing Board (sHWB). They were informed that the CCG had given their general support to the clinical strategy in writing, which had enabled the Whittington to approach the SHA regarding Foundation Trust status. However, it was not thought that this included the Estates Strategy.
- The Panel queried whether discussions had taken place with Adult Services on possible implications and were informed that this was ongoing.
- 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 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

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

services across Haringey in the Whittington's capacity as an integrated care organisation.

- The Panel were informed that the figures in the Estates Strategy were evolving and that the situation may change depending on markets.
- Noted that as the care pathways change that way that inpatient wards are used will also change and therefore there could be empty wards further down the line as more patients are treated in the community.
- 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.
- There is a cultural shift needed to ensure that staff feel comfortable in settings outside of hospitals and also recognition that long stays in hospital can make you unwell.
- Whittington Health are hoping to take on 16 new sites for community services shortly. The Panel requested a map of this. This would show services 'as is' given that there is work and engagement to be done on what is planned longer term.
- Whittington Health is engaging with residents by holding a number of events, which have already started for example an event held at the Whittington a week earlier was attended by about 100 people.
- The Whittington are taking the current situation as an opportunity to engage with people, whilst acknowledging that this should have been done earlier.
- The Panel noted that all plans are signed off by medical directors in order to mitigate risk. They are checked for safeguarding and quality issues. The Panel also noted that changes, for example ambulatory and maternity are all clinician led.

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL

5TH MARCH 2013

- The Panel also noted that there is a commissioner impact as finances available from commissioners has an impact on services.
- The Panel noted that they are happy that there is a pause in the process and an opportunity to engage with residents and Members.
- Once the Panel has visited the site and had an opportunity for further discussions they may be able to make recommendations.

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.

LC52. 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.

LC53. MINUTES

Agreed

LC54. AREA COMMITTEE CHAIRS FEEDBACK

None received

LC55. FUTURE MEETINGS

2nd April, 6.30pm

LC56. NEW ITEMS OF URGENT BUSINESS

Cllr Gina Adamou

Chair