

HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE – COMMENTS ON FINAL ANNUAL HEALTH CHECK DECLARATION BY HARINGEY TEACING PRIMARY CARE TRUST

The comments made by the Overview and Scrutiny Committee in relation to core standards have come from all health scrutiny work that has been undertaken during the year. This includes specific feedback from the stakeholder conference that was held on 22 March 2007, focussed reviews on specific topics and health issues discussed at meetings of the Committee. The Committee welcomes the positive and pro-active approach taken by Trust and the level of information provided and recognises the need and importance of working together to improve the health and well being of residents.

Core Standard	Comment
<p>C6: “Healthcare organisations cooperate with each other and social care organisations to ensure that patient’s individual needs are properly managed and met.”</p>	<p>The Committee notes that there are several areas where the TPCT works well with health and social care partners work. This includes working with the Council’s Adult, Culture and Community Services to facilitate safe hospital discharges for all adults over 18 and involvement in the jointly-funded Rapid Response Team that provides an assessment within two hours and a home-care service the same day. These assist in preventing unnecessary hospital admissions.</p> <p>The Committee notes that mental health partners have not so far implemented the recommendation of last years Scrutiny Review on Mental Health that consideration is given, as part of the process for determining the three year commissioning plan, to improving liaison between mental health services and the North Middlesex Hospital in order to provide for the earlier detection of mental health needs. The Committee notes further developments will be considered when local reconfigurations of acute care have been completed and would hope that this will include the implementation of this recommendation.</p> <p>The Committee’s recent scrutiny review on improving the health of people with profound and multiple learning disabilities received evidence that the needs of patients with learning disabilities could be better provided for when they are hospitalised. There is currently a lack of clarity concerning who should fund additional support required. This can lead to a lack of such support being provided, resulting in additional burdens being placed on carers. The Committee is of the</p>

	<p>view that this should be resolved by the TPCT, in conjunction with local acute trusts, as part of the commissioning process.</p>
<p>C11: “Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare: are appropriately recruited, trained and qualified for the work they undertake.”</p>	<p>The scrutiny review that was undertaken on improving the health of people with a learning disability identified a need for training for health professionals on addressing the needs of people with learning disabilities. The Committee noted that many health professionals, including GPs, receive little training before qualification on these issues. The view was received from a group of carers independently interviewed as part of the review that this can lead to health professionals not always having a full awareness of relevant issues. The Committee is of the view that the TPCT should arrange suitable regular training for relevant health professionals in order to address the issue and that this should be particularly targeted at Practice Managers and receptionists, who are normally the first contact point for people with learning disabilities and their carers.</p>
<p>C13: ““Healthcare organisations have systems in place to ensure that: a) staff treat patients, their relatives and carers with dignity and respect; b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information; c) staff treat patient information confidentially, except where authorised by legislation to the contrary.”</p>	<p>The Committee noted evidence from patient groups that primary care practitioners can sometimes, when caring for people with mental health problems, make incorrect assumptions that physical ailments are symptomatic of a person’s mental illness. This can, on occasion, lead to illnesses or conditions being missed. They felt that more consistently sympathetic attitude would assist.</p> <p>The recent review that the Committee undertook on improving the health of people with profound and multiple learning disabilities (PMLD) received evidence from an independent consultation that was undertaken with family carers of people with PMLD that most GPs are sympathetic and flexible in their approach to meeting their needs. However, carers expressed the view that they want to be treated more as equal partners with important knowledge about the people they care for.</p>
<p>C16: “Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care”</p>	<p>The Committee notes evidence obtained at the health scrutiny conference from patient representatives that there was a lack of general awareness amongst patients and the public concerning the PALS service and its role. Although information is provided on notice boards, leaflets are not generally handed out to patients. There is also a lack of awareness concerning the role of the TPCT and the services that it is responsible for.</p>

The Committee welcomes the fact that patient information leaflets are available on computer in a range of different languages. However, it is of the view that the needs of those people who do not have access to information technology should not be neglected. It welcomes the work that the TPCT has undertaken in targeting services to the Somali community, particularly through the activities of the Laurels Healthy Living Centre.

The scrutiny review on improving the health of people with PMLD received evidence from carers who were consulted that there was a lack of accessible information available for people with learning disabilities on how to access health services and the range of treatments and options available. The Committee is of the view that provision of this information should be improved.

C17; “The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services”

The Committee feels that the PCT has shown generally shown a willingness to engage with a range of organisations in order to obtain the views of users and their representatives. In particular, there continue to be very good links with the Overview and Scrutiny Committee. This has included:

- Regular attendance at Committee meetings and, in particular, active participation in detailed consideration of proposed changes to services.
- Assistance with the setting up of a Health Scrutiny Conference to which a wide range of stakeholder organisations were invited, including user and carer representative organisations.

The TPCT also has good links with Haringey Association of Community and Voluntary Organisations and, through this, consults widely with voluntary sector organisations.

However, the Committee feels that consultation on some proposals for change that were made by the TPCT could have been improved. For example;

- Proposals for changes to the Family Planning Service should also have been

referred to the Teenage Pregnancy Partnership and included the direct involvement of young people. In respect of Greentrees, the potential knock on effects on community services should be have explored more explicitly with social services and voluntary sector partners. The Committee nevertheless welcomes the fact that discussion papers on these changes from the TPCT were widely circulated and responses were taken into account by the Board when making its final proposals.

- In respect of the closure of Fortis Green clinic, although several weeks were allowed for consultation, the period in question included the Christmas and New Year holidays which reduced the opportunities for people to provide meaningful feedback considerably. The Committee nevertheless acknowledges that the TPCT responded positively to concerns raised by the community, enabling a satisfactory conclusion to be reached.

The Committee is also of the view that the TPCT could sometimes be more proactive in sharing information on proposed changes with it so that Members are fully aware of issues and therefore better able to respond to concerns raised by local residents. For example, direct engagement on the TPCT's Financial Plan for 2006/7 and on the closure of the Fortis Green clinic took place at a relatively late stage in the decision making process and after the proposals had been in the public domain for some time.

The Committee notes the perception of patient representatives, as expressed at our Health Scrutiny Conference, that consultations sometimes can have the appearance of being undertaken after decisions have already been taken and can feel as if they are designed more to communicate the TPCT's message than receive the views of patients and the public.

The Committee welcomes the fact that £1.6 million has been obtained through Community Hospital funding for the redevelopment of Hornsey Central Hospital, although that this is less than the £7 million that it was hoped initially to obtain for the project. However, it is mindful of continuing concerns amongst members of the local community and the growing perception that the project may merely result in

	<p>existing services being relocated to the hospital rather than any increase in the range available locally. It is of the view that there is an ongoing need for the TPCT to engage effectively with the local community on this issue and to be responsive to their input.</p>
<p>C18: “Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably”</p>	<p>The Committee notes that there is still no Walk-In Centre within the Borough boundaries. The nearest centre for the majority of local residents is at the North Middlesex University Hospital, which is difficult to access for many residents and particularly those who have to rely on public transport. There is currently only one bus service serving the site from within the Borough and no tube service in the vicinity. The Committee is of the view that there should be a Walk In Centre within the Borough in a location that is accessible for as many residents as possible. It notes that the present reconfiguration of acute services across Barnet, Enfield and Haringey may result in additional resources becoming to improve community and primary care services and therefore may provide an opportunity to address this issue.</p> <p>The Committee notes that not all GP practices within the Borough are yet physically accessible and welcomes moves by the TPCT as part of its Disability Equality Scheme to make the necessary improvements.</p> <p>The Committee’s scrutiny review on improving the health of people with PMLD received evidence of there being high levels of satisfaction amongst carers with the support provided by their GPs. This included ease in making appointments, being prepared to arrange times specially or make home visits to suit an individual who is particularly vulnerable, fearful and does not understand about having to wait. This compensated for the fact that some practices were not fully accessible.</p> <p>The review expressed concern about reductions in the services provided to people with special needs by the Community Dental Service as it is felt that this might make it less likely that people with learning disabilities will access dental care. Routine dental care for people with learning disabilities currently has a waiting list of 12 weeks, screening of adult care homes cannot be done at present due to lack of staff and provision of adult dental home-care advice to care staff is very limited,</p>

	<p>also due to lack of staff. The Committee is of the view that reinstating the funding reductions for this service should be prioritised by the TPCT.</p> <p>The Committee notes the views of patients representatives expressed at the Health Scrutiny Conference that there appear to be inequalities in access to GPs with those in the east of the Borough facing greater difficulties in registering than those on the west. In 2005, 955 Haringey residents had to be allocated a GP by the PCT, as they had approached 3 or more practices and been unable to register. The majority of these lived in the east of the borough. In addition, there are still pronounced inequalities in life expectancy between the two sides of the Borough with the difference being approximately 6 years for males between the most affluent and least affluent wards. Despite CHD mortality being twice as high in some deprived wards in the east compared to more affluent boroughs in the west, standardised rates for CHD patients being treated in general practice and standardised hospital admission rates for CHD are not higher in the east of the borough, implying poor access to treatment.</p>
<p>C22; “Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <ul style="list-style-type: none"> a) cooperating with each other and with local authorities and other organisations b) ensuring that the local Director of Public Health’s annual report informs their policies and practices c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships” 	<p>The Committee feels that the TPCT plays an active and positive role in supporting local partnership, particularly the Haringey Strategic Partnership and its Well Being Partnership Board. The TPCT is felt to have worked well with the Council in developing their Life Expectancy Action Plan to attempt to reduce the gap between the east and the west and to generally move Haringey’s figures towards the national average. This involved working on healthy eating and lifestyles.</p>
<p>C23; “Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity through action on</p>	<p>The Committee notes proposals to move sexual health services from St. Ann’s Hospital to the North Middlesex Hospital. Such a move would require prior and full consultation with the Committee and particular consideration will need to be made by the TPCT to ensuring that this measure does not impact negatively on the level of sexually transmitted diseases by making services less accessible for Borough</p>

nutrition and exercise, smoking, substance misuse and sexually transmitted infections”	residents.
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