

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

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 is of the view that there are several areas where the TPCT works well with health and social care partners work, such as the Integrated Care Team (ICT). The Rehabilitation and Intermediate Care Strategy is currently being jointly drafted, this will include plans for fully integrated teams. In addition, the Committee’s Review on High Intensity Users noted and endorsed the views of a range of stakeholders that Community Matrons are working well with the TPCT’s partners. However, the review was of the view that there was scope for better joint working with out-of-hours services, such as Camidoc, and that there needed to be more support for patient self-help groups. In addition, there needed to be more flexibility in the resourcing of elements of social care that have the potential to support the making of long term savings by the NHS so that the Council’s Adult Services are given an incentive to invest in such services.</p> <p>The Committee is of the view that there is scope for improvement in joint working on mental health issues, in which the TPCT plays a key strategic commissioning role. It notes the concerns that were raised by commissioning bodies in response to the Mental Health Trust’s application for foundation status and welcomes the moves that are being taken to resolve these issues. It also noted that health partners have still not implemented fully the recommendation from the Scrutiny Review on Mental Health of 2006 to improve liaison between mental health services and the North Middlesex Hospital (NMUH) in order to provide for the earlier detection of mental health needs. Mental health issues are a significant factor in the attendance of a comparatively high number of patients attending NMUH but there is only limited psychiatric consultant cover for A&E. NMUH has some liaison psychiatric cover for adults but there is currently no specialist service for older people. Some additional liaison cover was provided by the MHT as part of an informal arrangement but this stopped on 1st October 2007. There is agreement amongst all partners that current provision is inadequate and that there is a need for additional cover, particularly for older people. There is, as yet, no agreement on</p>

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	how to resolve the issue, although it is noted that the TPCT is currently addressing this in consultation with the MHT and NMUH.
<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’s review on Access to Services for Older People review heard evidence from local stakeholders that information levels in relation to foot health and dentistry were in need of improvement. This included information in relevant community languages. The Committee has noted that foot health is a current commissioning priority for the TPCT and they are currently researching the area, including consulting with the voluntary and community sector.</p>
<p>C17; “The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services”</p>	<p>The Committee feels that the TPCT has shown a willingness to engage with a range of organisations in order to obtain the views of users and their representatives. In particular, there continues to be good links with the Overview and Scrutiny Committee. The TPCT also has good links with Haringey Association of Community and Voluntary Organisations and, through this, consults widely with voluntary sector organisations.</p> <p>The Committee is of the view that consultations that have been undertaken by the TPCT in the past year have demonstrated a genuine desire to obtain the views of residents and stakeholders. In addition, the TPCT has responded appropriately to feedback by adapting its approach and making amendments where necessary. An example of this was provided by consultation on the Primary Care Strategy. However, improvements could be made by:</p> <ul style="list-style-type: none"> • Consultation being more timely • Exercises adopting a more open approach rather than being geared to convincing residents of the benefits of adopting specific proposals. • Offering residents and stakeholders a genuine choice of options • Providing a greater level of clarity on the potential implications of strategies.
<p>C18: “Healthcare organisations enable all members of the population to access services equally and offer</p>	<p>The Committee welcomes the strategic work that TPCT has undertaken to ensure that services will be equally accessible to all of the community. Example of this are</p>

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<p>choice in access to services and treatment equitably”</p>	<p>the Equalities Impact Assessment that was undertaken on the Haringey primary care strategy and the Health Equity Audit.</p> <p>The Committee is mindful of the need to improve primary care services within the Borough and believes that the setting up of Super Health Centres, as proposed by the Primary Care Strategy for the Borough, has the potential to offer a number of significant benefits to Haringey residents, such as extended primary care services, improved access to secondary care and new opportunities for health and social care services to work more collaboratively together. However, it is concerned to ensure that provision is accessible in those areas of the Borough where the need is greatest. It therefore welcomes the fact that the TPCT has responded positively to its comments on the strategy and is looking to ensure that its proposals do not impact negatively on residents in the most deprived areas of the Borough.</p> <p>The Committee notes with concern that some primary care practices are still using 0845 telephone numbers which are very expensive for people with no access to land telephone lines to use. This can impact particularly on people in temporary accommodation.. It is noted that the TPCT is discouraging this practice and feels that it should continue to work with primary care practitioners to ensure that this ends as soon as possible.</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 partnerships, particularly the Haringey Strategic Partnership and its Well Being Partnership Board.</p>

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<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 nutrition and exercise, smoking, substance misuse and sexually transmitted infections”</p>	<p>The Committee welcomes current initiatives by the TPCT to promote exercise such as:</p> <ul style="list-style-type: none"> • The GP referral scheme that is run between the TPCT and Leisure Services and which is a 12 week cardiac programme with incentives included to encourage the person to continue using the gym afterwards. • ‘Health for Haringey’ which develops 30 projects a year around healthy living activities for vulnerable and excluded groups, in partnership with Age Concern. <p>The Committee is however mindful that health promotion activities are generally funded by time limited external grants. Examples of this are the use of NRF money to fund Health in Mind and Communities for Health money for other projects. It would welcome the use of core funding for health promotion activities to ensure sustainability and in recognition that they are an integral part of the strategic role of the TPCT.</p>