NHS
Haringey
Clinical Commissioning Group

Haringey CCG Governing Body meeting – Thursday 12 July 2018

Questions from the public (received in advance of the meeting)

Question 1 - 3 from Rod Wells, Haringey Keep Our NHS Public

Question 1 relates to Item 2.1 Accountable Officer's report, section 2 Engagement assessment rating.

1. **HKONP note that the CCG believe "Patient and community engagement is vital when it comes to improving health services within Haringey."**

However the recent consultation on draft policy for primary hip and knee arthroplasty (replacement) run by London Choosing Wisely-who London CCGs I understand contracted- was a dire failure to engage with the public in Haringey . Ref https://www.healthylondon.org/our-work/london-choosing-wisely/

Haringey residents were given 4 days to respond to a long and technical consultation (by 4/6/18) which most would not be aware of. We understand that up to 30 May no notification was received by Haringey Healthwatch of this.

These proposed changes in the way patients may expect to receive surgical treatments would affect people for years. HKONP believe the rushed way the consultation was done and manner it was carried out fails any "community engagement" test

HKONP want any future consultation on changes in people's health to be carried out properly, in good time, and in clear and plain language and ask what steps Haringey CCG are taking to ensure this happens in future.

Answer: The London Choosing Widely engagement was a London – wide exercise led by the Healthy London Partnership.

Response provided by the London Choosing Wisely programme

From the patient perspective, the London Choosing Wisely programme has had support from Healthwatch England in cascading information to London's Healthwatch networks, whom the programme has also been contacting directly. The Steering Group has two patient representatives and each Task and Finish Group also has a patient representative supporting the development of each draft London policy. The programme is engaging directly with patient-facing groups for the relevant treatment areas too. There have been some concerns raised about

the short timeline of the programme's 'sense check' phase and wider engagement with local patient groups. These concerns are being reviewed by the London Choosing Wisely Steering Group and Programme Board.

Questions 2 - 3 relates to Item 3.1 Finance Report

2. **I understand that the CCG has a financial plan to deliver a surplus of £19k in 2018/19 from a deficit of £14 m and that this means delivering "net efficiencies of £19.5m." Any "efficiencies" could mean a reduction in health services**

Then the finance report states that "the net risk is £7.1m, (and) the CCG does not have any reserves or mitigations set aside if these risks materialise"

If so why is the CCG considering putting itself in this position? Is there pressure from NHSE or the STP –North London Partners- to produce a surplus of this size? If not should the CCG reduce the surplus and keep more money for health services in Haringey?

Answer: The statutory requirement is to breakeven. CCGs typically budget slightly better than breakeven, hence £19k in Haringey.

3. **Given the above can the CCG explain in plain language what are the "STP Interventions" and how do you "stretch them"?**

Can the CCG point me to how the "QIPP" will deliver the "net savings of £11.8m." as per para 4.1 - and will this involve cuts to services?

Answer: STP interventions refer to the larger areas of QIPP (Quality, Innovation, Productivity and Prevention) taking place across all Trusts in North Central London. 'Stretch' is a term used to increase the level of efficiency where a scheme has the opportunity to exceed original savings targets. We will ensure language is clearer in future.

Focus on QIPP savings plans will be presented at future meetings. The CCG has no plans to make cuts to services.

<u>Question 4 from Liz Ciokajlo</u>

Question 4 relates to Item 2.1 Accountable Officer's Report - section 8 Osborne Grove Nursing Home

4. **I am a daughter of a long standing resident of the home. We welcome Haringey Council's reverse decision to keep the home open and the seven remaining residents will stay before, during and after which future option is decided upon. My question is the CCG planning to protect the**

residents and raise the standards to CQC 'good' standard now in all areas by employing Pamela Edam to advise improvement and implement this advice, officially raising the CQC standard to 'good'? Also how is the CCG planning to protect the residents in the event of building works and expansion, given in the past at OGNH residents' health has been significantly impacted when moved from one wing to another?

Answer: As a Local Authority owned residential nursing home the responsibility for employing staff at Osbourne Grove and ensuring that residents and patients are kept safe sits with Haringey Local Authority. The CCG's care homes team is supporting the Local Authority and staff within the home to ensure continuous improvement of the care delivered.

With regard to the protection of residents in the event of building works, the CCG has been advised by the Director of Adult Social Services that all decisions made by the council will be made in the best interests of the residents. There will be a risk assessment made prior to building works and the CQC in their regulatory role will make a decision about whether it is appropriate for regulated activities to be delivered.

Question 5 from Gordon Peters, Older Persons Group

Question 5 relates to Item 2.1 Accountable Officer's Report - section 8 Osborne Grove Nursing Home

5. **What does the CCG see its role as in keeping Osborne Grove as a nursing home, now that Haringey Council has agreed to do that?**

Answer: Haringey CCG is keen to take part in the co-design of new or expanded facilities at Osborne Grove. The Council has set up a steering group and the CCG will take an active role in this.

Questions 6- 7 from Anne Gray

Question 6 relates to Item 1.5 Minutes from previous meeting, section 4.1.3

6. **a) if assessment of continuing care needs is done at home, what steps are taken to carry out a pre-assessment to ensure before they are discharged that the patient will have someone to provide meals, shopping, basic housework, medical, washing and toileting needs ? What are patients advised to do if these arrangements break down (e.g. if a friend/relative who does not normally reside with them breaks their commitment to be available, perhaps for some unavoidable reason to do with employer demands or other car-ees, or goes sick themselves?)**

b) How is continuing care coordinated with local authority domiciliary care?

c) Has the CCG evaluated the adequacy of the Home from Hospital service and are members aware of the misgivings of at least one local pensioners' group about its adequacy?

Answer: a) The assessment of a patient's needs prior to discharge is not undertaken by the continuing healthcare team so we cannot comment on the nature of that assessment. We are advised by the acute setting of the appropriate care package to meet the health and social care needs of the patient and commission a package accordingly. It is rarely, if ever, reliant on the ability of family members to provide care. Patients (and sometimes appropriately authorised family members) can decline CCG services if they wish to manage care themselves. In those circumstances a new application would have to be made to be re-referred for CHC assessment. If there is any breakdown in care arrangements for a funded care package the first point of call would be to the provider organisation for that care who would contact the appropriate commissioner of that care for advice, support or increased care provision.

b) Continuing healthcare does not involve local authority domiciliary care. In the event that a person is in receipt of local authority commissioned care, the funding responsibility for that care package is taken over by the CCG at the point the person is deemed eligible for continuing healthcare, which can only happen after a full assessment for eligibility. In those circumstances it has usually been an increase in care needs so the package of care is often recommissioned.

c) The Home from Hospital is commissioned by the London Borough of Haringey.

The Council evaluates the service via quarterly monitoring meetings which are informed by performance reporting from the provider (Bridge Renewal Trust). We evaluate patient satisfaction levels (surveyed by Bridge Renewal Trust after receiving a service), referral levels and outcomes against the terms of the contract, and we supplement this with wider stakeholder feedback. Any complaints would be shared with the commissioners during the quarterly evaluation or they may be received directly by the Council.

Where we receive any complaints about the service, these are investigated, and followed up with a quality assurance visit if required. We have not received any complaints regarding the service. In order to investigate the point raised in the question we would need further details which may be provided by emailing HARCCG.Complaints@nhs.net

Question 7 relates to Item 3.2 Performance and Quality summary, section 3.3 and page 9 of the Performance and Quality summary report.

7. **Will the senior CHC nurses overseeing discharge routinely communicate discharge information to GPs, or whose responsibility will it be? What proportion of people discharged have no GP registration? (may be common given low GP registration rate of recent arrivals in Haringey).**

   Answer: The responsibility to ensure GPs receive discharge summaries within 24 hours of the patient being transferred or discharged lies with Trusts. CHC teams do not have a role in overseeing discharge information to GPs. It is very unlikely that patients with CHC needs do not have a GP because they often have a long history of complex care needs. In situations where people are unregistered, Trusts take an active role in encouraging registration.

Questions 8 - 10 from Joanna Bornat, Haringey Keep Our NHS Public

Question 8 relates to Item 5.2 Clinical Cabinet Minutes, section 2.1.1 Update on BEHMT Haringey Mental Health Services

8. **Is the CCG satisfied with the current situation relating to the provision of community based mental health services, their staffing and co-ordination between primary and secondary care, and might the CCG press BEHMT Mental Health Services to consider whether the future role of the St Ann's site might be used to improve community mental health service provision given that, at present, plans appear to be for adult acute services only?**

Answer: The CCG works continuously with BEHMHT, and our other partners including the Council, to improve community mental health services. For example, we are pleased to be launching the Primary Care Link Workers in the Central area of Haringey over the summer, bringing mental health nurses into general practice to advise GPs and patients, and to liaise between primary and secondary care.

We are also facilitating discussion between primary and secondary care to explore opportunities for joint working in the new primary care buildings that will be opening over the coming years in Haringey.

The St Ann's site redevelopment is focused on improving the mental health inpatient wards, and this has been identified as a priority. However, we note that the Trust is also seeking to improve the other facilities on the site that will be under their management in future, to ensure their community teams have appropriate facilities to operate from.

Question 9 relates to Item 5.4 Joint Commissioning minutes, section 3.1 Whittington Health Lower Urinary Tract service

9. **Could the CCG provide an update on the situation with the Lower Urinary Trace Service at the Whittington Hospital, given that this service**

has yet to be restored after a very long period of closure and request dates for the 'phased re-opening' (see minute 3.19) of this service?

Answer: Following a meeting of the Joint Commissioning Committee (JCC) of North Central London CCGs and the Whittington Health NHS Trust Board, the LUTS clinic has re-opened to new patients.

In order to re-open the clinic the Islington Clinical Commissioning Group (CCG) and Whittington Health Trust Board has approved a Commissioning Service Specification, which meets the recommendations set out in the report from the Royal College of Physicians (RCP) Invited Review.

The RCP report says: "Based on all of the information considered by the review team it was concluded that significant changes need to be made to ensure the safety of patients currently being treated by the LUTS clinic."

The Royal College of Physicians (RCP) Invited Service Review Panel recommended that "until the future of the service has been determined by the Trust and commissioners, no new patient referrals should be accepted into the LUTS clinic". In line with this recommendation the clinic has remained open to existing patients, but the Trust has not accepted any new referrals since October 2015. Any clinician who wrote to make a referral during that time was advised that the referral would not be accepted and that they should refer their patient elsewhere. There is therefore no waiting list or backlog of patients for the Whittington Health LUTS clinic.

A more detailed update on the LUTS clinic is available on Whittington Health's website.

Question 10 relates to Item 5.3 Finance and Performance Committee Minutes, section 2.6

10. **Reference is made to the possibility of cutting down on contracts in order to prevent overspend. Could the CCG provide reassurance that this will not mean loss of provision of services or to any reduction in plans for service development for local people? And could the CCG also note that much of this important paper is not written in a way that is easily understood by members of the public?**

Answer: Haringey CCG will be facing very difficult choices over the coming year as we have a large savings programme to deliver, however, we do not have plans in place to reduce current provision. Our focus will be on continuing to transform services that will provide care closer to home and better value for

money. This includes continuing to focus on areas such as reducing variation in primary care, supporting people at home, introducing new ways of working such as tele-dermatology and working with partners to take cost out of the system.

Your second point has been noted.