January 2010

Overview and Scrutiny Committee

Integrated Care Organisation
Report from the Challenge Panel

Members of the Standing Review
Councillors
Cllr Vina Mithani (Chairman)
Cllr Asante
Cllr Bath
Cllr Davine
Cllr Rekha Shah
Cllr Solanki
Cllr Teli

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CHAIRMAN'S INTRODUCTION & ACKNOWLEDGEMENTS

The attached report incorporates the findings and observations of the Harrow Scrutiny Challenge Panel which considered NHS Harrow, NHS Ealing and Ealing and Harrow Community Services proposal to develop an Integrated Care Organisation.

The panel took place on Monday 25th January 2010 and comprised:

- Cllr Vina Mithani (Chairman)
- Cllr Nana Asante
- Cllr Camilla Bath
- Cllr Margaret Davine
- Cllr Rekha Shah
- Cllr Dinesh Solanki
- Cllr Yogesh Teli

We are grateful for the support offered to the panel by Julian Maw, Chief Executive Harrow LINk and the portfolio holders and corporate directors for Adults and Housing, Children's Services and Schools and Children's Development, Cllr Barry Macleod Cullinane, Cllr Christine Bednell, Cllr Anjana Patel, Paul Najsarek and Paul Clark.

We are also grateful to our health service colleagues for attending the panel and providing us with the information we requested and for their candid responses to our questions. We hope they find our observations and recommendations useful. We also hope that even though the decision has been taken to proceed with the proposal, our colleagues in NHS Harrow will be able to take on board our concerns and offer mitigation to these where this is possible or reverse their proposal where this is not possible. In particular we'd like to thank:

- Dr Sarah Crowther, Chief Executive, NHS Harrow
- Dr Gillian Schiller, Chairman NHS Harrow
- John Webster, Chief Operating Officer
- Julie Lowe, Chief Executive, Ealing Hospital
- Jonathan Tymms, Finance Director, Harrow PCT
- Jon Ota, Director of Quality & Governance, Harrow PCT
- Jonathan Carmichael, Interim Managing Director of Ealing and Harrow Community Services and ICO Project Director
- Dr Bill Lynn, Medical Director Ealing Hospital

We look forward to genuine partnership in the delivery of health services to Harrow residents and we hope that the breakdown in communication which were experienced at the outset of our discussions are not repeated in the future.

I commend this report to the Overview and Scrutiny committee

Cllr Vina Mithani
Chairman Integrated Care Organisation Challenge Panel
On behalf of the Integrated Care Organisation Challenge Panel

BACKGROUND

In November 2009, the Overview and Scrutiny committee was asked to receive a report from NHS Harrow outlining their proposals to develop an Integrated Care Organisation (ICO) comprising Ealing and Harrow Community Services, (the arms length organisation established following government direction to Primary Care Trusts to separate their commissioning and provider functions) and Ealing Hospital. At this time, a more detailed business case had been prepared by NHS Harrow and NHS Ealing for submission to their joint board meeting on 26th November 2009. The proposal in this paper was for implementation of the Integrated Care Organisation with effect from April 2010. This was agreed at the board meeting on 26th November 2009.

At its meeting in November, the Overview and Scrutiny committee decided not to hear the item from NHS Harrow on the basis that insufficient information was being made available to the committee and that insufficient notice had been given for consideration of the proposal.

Subsequent to this decision, the members of the Overview and Scrutiny committee were able to access the board papers which had been considered on 26th November and at their meeting on 8th December, a challenge panel was commissioned to enable the committee to determine the detail of the proposal (still not clear from the 26th November board papers) and its implications for Harrow residents. This report outlines the observations and recommendations from this challenge panel.

In summary, the proposal to establish the ICO has been based on a number of possible alternatives to the delivery of services locally. Papers to the NHS Harrow board suggest that it is the most viable way for the delivery of community care services and offers the opportunity for effective care pathways between acute services (provided by Ealing hospital) and community care services (provided by Ealing and Harrow Community Services) to be provided. This it is argued will deliver the following benefits:

- Continuity of care
- Fewer barriers and faster access to services
- Focus on long term conditions
- Evidence based care
- Fewer visits to hospital
- Fewer duplicated assessments and tests.

Whilst in theory, there may well be benefits to providing alignment of services, the panel was keen to understand the precise detail rather than the theoretical benefit of the proposal. Prior to the panel, very little detail regarding type of services covered, the location for the delivery of these services or referral process through the ICO has been seen. The panel undertook its investigation around a number of lines of enquiry to establish what the likely benefits or risks to Harrow residents might be. These lines of enquiry focused on the following areas: (a full list of the questions is attached as Appendix One)

- Structure/proposal details – what does the proposal mean in terms of services, location for the delivery of services, access to services, anticipated outcomes
- Implications – have NHS partners analysed the potential risks from the proposal
- Consultation – how have they negotiated with key stakeholders
- The future – what additional changes can be expected following their decision to proceed on 26th November.

The detailed scope for the project is attached as Appendix Two.

The panel used as its frame of reference, a range of academic research which has considered the implementation of integrated care organisations. A number of studies have summarised the shortcomings which need to be addressed by a successful ICO[1]:

- Integration should be for the right reasons – the objectives of integration must be explicit
- Integrating *organisations* isn't necessarily the best starting point
- The local context needs to be supportive of integration – a supportive management structure, a culture of quality improvement, good partnership working
- Different organisational cultures can be a block to integration
- Community services are a critical component of integration
- Incentives (including financial) to integration are helpful
- It is possible to overestimate the scope of potential economies
- Effective integration takes time.

Studies have also suggest that there are six key requirements for effective integration[2]:

1. **Organisational integration**, where organisations are brought together by mergers and/or structural change; or virtually, through contracts between separate organisations;
2. **Functional integration**, where non-clinical support and back-office functions are integrated;
3. **Service integration**, where different clinical services provided are integrated at an organisational level; and
4. **Clinical integration**, where patient care is integrated in a single process both within and across professions, e.g. through use of shared guidelines.
5. **Normative integration**, where there exist shared values in coordinating work and securing collaboration in delivering healthcare; and
6. **Systemic integration**, where there is coherence of rules and policies at all organisational levels.

Against this frame of reference, the panel makes the observations and recommendations included in the section below.

[1] The Evidence Base for Integrated Care – Department of Health
[2] Ibid

OBSERVATIONS

Consultation and engagement

The panel is glad to have finally had the opportunity to discuss with health colleagues their proposal for the development of the ICO. However, we would reassert our concerns regarding the level of engagement that has taken place prior to this time, which is in fact very unrepresentative of our previously positive relationship with NHS Harrow.

Guidance issued under section 38 of the Local Government Act 2000, recommends that health partners *discuss proposals for service change with Overview and Scrutiny committees in order that they can reach agreement on whether or not the proposals are substantial*. If proposals for change are deemed substantial then there is a statutory *duty on the health partners to consult* on these changes.

This has clearly not been the driving principle in the current circumstances as, although, as commented on at our meeting, the proposals for the development of the ICO have been under consideration since the summer of 2009, the proposals were not raised with Harrow Overview and Scrutiny committee until November, this despite colleagues at NHS Ealing having provided information to their respective Overview and Scrutiny committee on three separate occasions. We cannot endorse NHS Harrow's view that placing documents on their website or discussing them in the presence of a council observer, who does not report to scrutiny, constitutes effective engagement. NHS Harrow statutory obligations to engage, inform or consult with scrutiny are clear. We would suggest that the role of council observer should perhaps be clarified to avoid future misunderstanding. This experience also leads us to conclude that perhaps we need to be clearer with our colleagues on the distinct roles of the Executive and Scrutiny and also to ensure that our colleagues from health are clear as to how issues should be raised with us.

As we pointed out, the lack of engagement has left the committee feeling 'railroaded' into accepting NHS Harrow's position and suspicious of the reasons for this uncharacteristic behaviour. We cannot be expected to feel confident in a relationship in which information regarding such an important development is only provided to us two days before a decision is to be made.

Although we accept that formal consultation with residents should be meaningful and of direct concern to residents and the services they receive, we would suggest that engagement with the local authority is crucial and has been less than satisfactory in these circumstances and we urge that in order that this is not repeated in the future early discussions of any change, whether NHS Harrow deem this significant or otherwise, are entered into with the council and especially with the Overview and Scrutiny committee.

Substantial Change

The crux of NHS Harrow's argument for not consulting earlier is that the proposals for the development of the ICO do not represent a substantial change to the delivery of services. Colleagues from NHS Harrow place significant emphasis on their view that the business case which was agreed at their board meeting in November was to establish an organisation which can in future deliver the changes prescribed by the principles in Healthcare for London that care is delivered as close to a service user's home as possible. They also explain that the changes are needed in order to establish an organisation with sufficient critical mass to safeguard service delivery by a local organisation – Harrow PCT's community services would not be a viable organisation if it stands alone. Combining with Ealing PCT community services (as it did in April 2009) and with Ealing hospital, as proposed in the ICO, will establish a robust, community facing organisation which can deliver the shift from hospital-based to

community-based care and divert expenditure from the hospital to the community and safeguard services for Harrow residents. Their proposals at this juncture, they have argued, are about the establishment of the organisation and not about any subsequent change in service delivery (most likely to impact on the acute hospitals) and they have asserted that on 1st April, the date for the introduction of the ICO, that residents will see no change in how their services are delivered.

Whilst we understand this logic, and understand that the establishment of the ICO will mean little to the receivers of services which will still be delivered by the same people from the same locations, we feel that their assertion is short sighted reflecting a 'compartmentalised' view of the proposal. Without the organisational change, there will be no improved, or revolutionised service delivery and to us there is a false separation between the stages of development: to deliver the real change requires the organisational change, one is dependent upon the other and will not be achieved without it – is it feasible to separate the establishment of an organisation which will facilitate future change from that future change? We do not think so. In these circumstances, we again assert our view that we should have been offered earlier opportunity to engage with the proposals rather than these being presented to us effectively as a 'fait accompli', 2 days prior to the board meeting at which they were agreed. We feel that scrutiny could have brought a useful challenge to the development process and complemented the challenge being offered by the Department of Health and NHS London. We have had no opportunity to influence the development and to ensure that the organisation is the right one for the delivery of change and improvement.

We would also suggest, that as this proposal will deliver the biggest ICO in the country, that again, the assertion that it does not represent a change in service delivery is unrealistic.

Detail of the proposal

We were disappointed that more specific detail on the proposal is still not available. It would have been helpful to receive details of staffing levels, service locations, structure charts etc. This again, leads us to be concerned regarding the amount of detailed preparation that has been undertaken.

We are happy however, to have been publicly reassured that no Harrow residents will experience any change whatsoever in the services they receive as a result of the decision to set up the ICO. With regard to subsequent change, we seek categorical assurance that full and formal consultation will be undertaken as agreed with the Overview and Scrutiny committee.

Principles behind the longer term proposal

The challenge panel was pleased to receive information on the principles behind the longer term changes and we certainly see merit in these. Whilst there are potentially significant implications behind a shift of investment away from the acute to the community sector, we fully appreciate the logic behind this shift and recognise the benefits to our residents of receiving support and care in their own homes or as close to their own homes as possible and the integration of this care with the polyclinics and children's centres being developed in the borough. In this context we also understand the need to establish a viable, local organisation with the critical mass to provide services and the capacity to bid successfully for the contracts to deliver these services. We were intrigued by the discussion around the ethos of Ealing hospital, which has no real potential to become a major acute provider, unlike Northwick Park but is demonstrating a vision which can support the shift to community based service provision. We are very interested in the notion of consultant-led community care and the engagement of consultants in support and care for residents in their own environments which

can be offered via Ealing hospital as the commissioning of community-based services generates a momentum in the shift away from hospital-based services. We were impressed by the commitment of clinicians to this shift. We acknowledge the major benefits that properly supported community based nursing staff can deliver to our residents and look forward to receiving more detailed proposals on the specific projects which will deliver this.

We were advised that 75% of current commissioning investment is with the acute sector and this is set to reduce to 25% over the next 5 years in order to deliver the changes outlined above. As we have already stated, we fully appreciate the logic in this shift and the benefit it can deliver for our residents. However, we would seek future reassurances that the viability of our acute deliverer is not compromised as a result of this shift, in particular, its capacity to deliver the very specialist services at the 'high/clinical' end of the care pathway. We realise these plans are all part of a much larger-scale strategic shift in healthcare delivery but hope that as the detailed proposals are developed, we can ensure that residents are not left vulnerable – again, we would reiterate the contribution we can make to supporting the development of this revolutionised health care system and would propose early and ongoing engagement.

Partnership

We have a number of concerns in this area and would welcome NHS Harrow's reassurances.

In general, we are concerned that the plans at this stage demonstrate no connection with partners or partnership priorities. Key areas of the council have not been engaged in the discussions and we seek reassurance that as the ICO begins service delivery that services commissioned from it reflect the partnership priorities included in such documents as the Children and Young People plan and also enable our joint work around projects such as reablement to continue. We welcome the clarification from the Chief Executive of NHS Harrow that, once the ICO is established, NHS Harrow will be commissioning in accordance with its agreed commissioning priorities and that these reflect the jointly agreed priorities for the borough. Her comment that Harrow's priorities do not change but the body that delivers them does, is welcome.

We would also welcome clarity with regard to the join-up between e.g. the ICO proposals and the shift of acute paediatric services to Northwick Park Hospital.

We reiterate the points raised at our meeting by the Director of Adults and Housing Services and the Director of Children's Services and trust that assurances given to these officers will be honoured. In this context, we were pleased to be advised that NHS Harrow is the lead commissioning body for the ICO and that this can help to safeguard the needs of Harrow residents which given the size of the Harrow component of the larger organisation could have left us vulnerable.

We would also like to register our disappointment that the inclusion of local authority services in the ICO has not been considered from an early stage or that the local authority has not been engaged in its design. It is clear that the public sector must rationalise its structures and processes, not only to improve the care experiences of local people but also to realise the significant saving of resources which can be delivered through more coherent, strategic working practices. We would suggest that early engagement with the council would have helped to maximise these ambitions, and given discussions around 'Total Place' and the organisation of the public sector in the borough, it is disappointing that the council has not been involved. We accept NHS Harrow's commitment to this engagement as service options are considered for the future and look forward to this consultation – however, we are partners

in service delivery with NHS Harrow and should be developing options along side them not being consulted on already defined proposals.

Timetable
The proposals go live on April 1st when the ICO comes into existence. We do not understand the logic for this and if at all possible, would press NHS Harrow and partners to defer this start date to allow more time for discussion with the council. Whilst we understand that further delay creates uncertainty, lack of consideration can also lead to inappropriate decision making.

Future proposals
As has already been said, the principles upon which we were advised future changes will be based seem sound. However, the detail of service delivery designed to deliver these principles is still awaited and as such we seek absolute reassurance from NHS Harrow that all subsequent proposals will be discussed with the Overview and Scrutiny committee and that we can jointly agree with NHS Harrow circumstances where full formal consultation might be required. We welcome the comments from our health colleagues that this is not a time limited dialogue and their commitment to ongoing discussion in the future. Only through proper engagement, will it be possible for proposals to be genuinely described as 'ours' and reflect a shared vision for the borough.

Engagement of staff
We were pleased to hear that there has been significant engagement with staff on the proposals, second only to service users, the support of staff delivering services are key to any successful organisational change. We are reassured that staff have been supportive of the proposals but we urge NHS Harrow to continue to fully engage staff in their proposals and this is something we will monitor in our future consideration of proposals.

RECOMMENDATIONS

The Overview and Scrutiny committee is asked to make the following recommendations to NHS Harrow:

- To note that the Harrow O&S committee considers that NHS Harrow has not complied with its duty to inform the committee of proposed changes and has not offered an opportunity to the committee to reach agreement with it that proposals do not constitute significant change

- That guidance is provided for health colleagues to clarify the distinction between the executive and scrutiny roles and ensure that the process for raising issues with scrutiny leads or the Overview and Scrutiny committee is clear.

- That NHS Harrow considers the possibility of a delay in the proposed implementation date of the ICO in order to give an opportunity for further discussion of the proposals with relevant council officers.

- That the opportunity for further discussion on the proposal to set up the ICO is made available if the implementation cannot be delayed

- That in principle, the council endorses the long term direction of the development of healthcare in Harrow and efforts to deliver care as close as possible to our residents

- That NHS Harrow enters into discussion as per statutory guidance on the status of any change proposed *in future* in order to seek agreement with the Overview and Scrutiny committee on the extent of required consultation. These discussions could helpfully include early warning of likely projects and an indication of the general direction of travel for NHS Harrow.

- That in order to facilitate these discussions and guide decisions with regard to whether proposals should be construed as 'substantial', a set of criteria are jointly developed which can measure proposals against:
  - Details of the services will be affected by the change?
    - adults
    - children's
  - Who will manage the services and if that is a change, why?
  - Where will the services be based?
  - What are the advantages to the residents of Harrow?

- That reflecting these discussions, NHS Harrow undertake full and formal consultation on all appropriate proposals in order that the interests of Harrow residents can be safeguarded as the ICO is further developed.

- That NHS Harrow engages with the Overview and Scrutiny committee on the consequences of the implementation of the ICO in particular the potential impact on the local acute trust.

- That NHS Harrow engages with the council as partners and not just as consultees and clarifies the role of council observer to the board. The council should be fundamentally engaged in discussions to improve the overall delivery of care services to our local population.

- That NHS Harrow engages formally with council in order to realise the benefits of total place and the service improvements and savings to the public purse which can be derived from more coherent, strategic working practices

- That NHS Harrow provides reassurance that the commissioning priorities which will drive the services delivered by the ICO reflect the agreed partnership priorities for adults and children in the borough.

CONCLUSION

We are please to have had the opportunity to discuss the development of the ICO with our colleagues in health. We hope that our discussions during the challenge panel have convinced NHS Harrow of our commitment to working with them to improve services to local people and we expect to be fully engaged in the future in order that the interests of our residents are safeguarded. We look forward to engaging with NHS Harrow, NHS Ealing and Ealing hospital on the development of this project.

Members of the Integrated Care Organisation Challenge Panel

APPENDIX ONE: KEY LINES OF ENQUIRY

Structure/Proposal Details

- Exactly what services will be provided by the ICO – adults and children?
- What will happen to the community care services currently being operated out of Harrow for Harrow residents?
- Where will services be located?
- The business case document, on p 64 states that 'in the main, it is expected that under all of the options considered, a strong borough focus will be retained'. What is meant by 'in the main' and 'a strong borough focus'?
- What are the proposed governance/management arrangements?
- The majority of the integrated care pilots that were agreed last year are being constructed around fairly narrow and specific diseases and not across whole areas of the health economy. Why has it been decided to include such an enormous breadth of services in this model?
- Will there be any changes to the current commissioning and contracting arrangements as a result of the proposed changes?
- How do these plans fit with the polysystem proposals for the borough?
- Why do the plans propose a merger with Ealing Hospital and not another hospital trust, for example, Northwick Park Hospital or with the Council?
- What thought has NHS Harrow given to integration with Harrow Council?
- Why has the 1st April been set as the implementation date?
- Is there capacity in NHS Harrow to deliver the proposals, particularly in the light of the 1st April implementation date?
- What care outcomes are anticipated by the new model of care and what is your evidence for this?
- What overall benefits for Harrow residents and public sector organisations do you anticipate will be delivered by the new organisation and the shift of Harrow community services to Ealing hospital and what is your evidence for this?
- Why will the ICO be more effective at delivering services than the current structure?
- Would NHS Harrow consider the proposals to be a 'substantial development or variation' to services as contained in the Health and Social Care Act 2001? If not why not?

- How do these plans fit in with the NHS world class commissioning framework?
- If there is scope in time for the new organisation to provide some social care services, how will this be managed?

Implications

- Have equalities impact assessment and health impact assessments been conducted on the proposals? What were the outcomes?

- What risks have been identified in the proposals and how will these be mitigated?

- What barriers have been identified to successful integration and how will these be overcome

- What are implications of the shifting power balance between acute services and community services – especially if community services are to be provided out of or combined with an acute trust, are community services likely to have as high a profile as consultant led services?
  [DH document 'Evidence Base for Integrated Care' states: 'Reconfiguration can result in unintended consequences, such as finding that community services in combined acute and community trusts may lose out to the more powerful acute interests']

- What are the financial implications of the plans? Has adequate consideration been given to the maintaining a sufficient budget for community care?

- How will this vertical model determine priorities?

- What is the future of Ealing Hospital if this proposal is not accepted?

- How will 'waiting lists' for Harrow and Ealing patients be managed and prioritised?

- How will the proposals for the ICO impact upon both the paediatric acute services proposals for Brent and Harrow and on the proposals regarding 'reablement' for older people currently being developed in Harrow?

- What are the implications of these developments on the personalisation agenda and supporting self-directed care?

- How will the proposals improve the 'joining up' of health and social care provision in the community?

- Will the reorganisation proposals deliver any savings to the public purse overall? What is the cost of the proposals and will they achieve any savings either in the mid- or long-term?

- Have issues around accessibility been fully considered and addressed? What do you think would persuade current Harrow staff and users to go to Ealing Hospital (in Southall) for services?

- If it is possible that Harrow residents have to either wait longer for assessment or provision of services or if they have to travel further to receive services, what does NHS Harrow propose to do in order to mitigate the impact on Harrow residents?

- How does the vertical integration of services assist the shift of services to the community?

Consultation

- What level of engagement has there been, or will there be, with LINks, patient groups, services providers and GPs etc?

- Section 38 of the Local Government Act 2000, recommends that NHS bodies discuss any proposal s for service change with the Overview and Scrutiny committee at an early stage to agree whether or not the proposal is substantial. Why did NHS Harrow not follow this recommendation and why has it asserted that there is no substantial change rather than discuss this with the committee?

- Why has Ealing Council been engaged more formally in influencing the proposals than Harrow?

- What is the status of the consultation process? What consultation and stakeholder engagement processes are proposed?

- Who are all the partner bodies involved in these plans?

The Future

- It is suggested that this is the first step on the road to radical change in service delivery. What are the next steps, what kind of change does NHS Harrow envisage will follow this and what kind of consultation will be offered on these proposals?

- How long is it envisaged the complete transformation will take?

APPENDIX TWO: REVIEW OF INTEGRATE CARE ORGANISATION FOR HARROW - DRAFT SCOPE

1	**SUBJECT**	Integrated Care Organisation for Harrow
2	**COMMITTEE**	Overview and Scrutiny Committee
3	**REVIEW GROUP**	Cllr Asante Cllr Bath Cllr Davine Cllr Mithani Cllr Rekha Shah Cllr Solanki Cllr Teli
4	**AIMS/ OBJECTIVES/ OUTCOMES**	• To understand the principles behind the development of Integrated Care Organisations and their implications for Harrow residents • To investigate the consultation that has been undertaken and may be proposed as part of the implementation of the proposal • To understand the benefits and risks associated with the proposal • To develop assurances on proposals for presentation to NHS Harrow
5	**MEASURES OF SUCCESS OF REVIEW**	• The committee is able to identify the assurance they wish to seek in the context of proposals for an integrated care organisation • The committee is able to contribute constructively to the NHS proposals as they emerge • The committee is able to safeguard the interests of residents in this regard
6	**SCOPE**	Harrow community health services, Adult social care and children's services, voluntary sector
7	**SERVICE PRIORITIES (Corporate/Dept)**	
8	**REVIEW SPONSOR**	Paul Najsarek. Corporate Director Adults and Housing
9	**ACCOUNTABLE MANAGER**	NA
10	**SUPPORT OFFICER**	Lynne Margetts
11	**ADMINISTRATIVE SUPPORT**	As above
12	**EXTERNAL INPUT**	• Care Quality Commission policy evidence • Best practice examples • Council and voluntary sector stakeholders – Corporate Directors Adults and Housing and Children's Services, Children's Services Portfolio Holder , Adults and Housing Portfolio Holder • LINk • Specific detail of Harrow proposals from NHS Harrow

13	**METHODOLOGY**	• Challenge panel to be provided with background policy information on the concept of Integrated Care Organisations including the experience of other areas • Information on the specific proposals for Harrow will be sought from NHS Harrow • Development of question framework for discussion at round table • Witnesses to be invited: NHS Harrow, LINk, Corporate Directors Adults and Housing and Children's Services
14	**EQUALITY IMPLICATIONS**	There ***may*** be significant implications in the proposals with regard to the accessibility of services and in waiting times for services for vulnerable residents. This will be determined during the investigation if more formal detail is provided by NHS Harrow.
15	**ASSUMPTIONS/ CONSTRAINTS**	
16	**SECTION 17 IMPLICATIONS**	None
17	**TIMESCALE**	By end of February
18	**RESOURCE COMMITMENTS**	
19	**REPORT AUTHOR**	Lynne Margetts
20	**REPORTING ARRANGEMENTS**	Outline of formal reporting process: To Service Director [ ] 26th January 2010 To Portfolio Holder [ ] NA TO O&S [ ] 28th January 2010 To CMT [ ] Leadership group 26th January To Cabinet [ ] Leadership group 26th January
21	**FOLLOW UP ARRANGEMENTS (proposals)**	