

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
WEDNESDAY, 12 JULY 2006**

Councillors Councillors Bull (Chair), Davies, Winskill, Cooke, Newton and Adje

Apologies Councillor Jones

MINUTE NO.	SUBJECT/DECISION	
OSCO14.	<p>WEBCASTING</p> <p>The meeting was filmed for subsequent broadcast on the Council's website.</p>	
OSCO15.	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Councillor Jones. Apologies for absence were also received from Councillor Bevan, who had nominated Councillor Adje as a substitute.</p>	
OSCO16.	<p>DECLARATIONS OF INTEREST</p> <p>Councillor Bull declared an interest in that he was a user of St Ann's Hospital.</p>	
OSCO17.	<p>HARINGEY TEACHING PRIMARY CARE TRUST (TPCT) FINANCIAL PLAN 2006/7</p> <p>Further to the report received at the meeting of the Overview & Scrutiny Committee of 3rd July 2006, the committee convened this Special Meeting to consult on two proposals considered to constitute "substantial variations" to services, as defined by Section 7 of the Health and Social Care Act 2001.</p> <p>The two services which the committee agreed to examine were proposed cuts to the Family Planning Service, and a reduction in the number of beds provided at Greentrees.</p> <p>Representatives from the Haringey Teaching Primary Care Trust (PCT) outlined to the committee the circumstances which necessitated making savings. In common with many other NHS Trusts, the PCT was facing financial pressures and had therefore had to make budget reductions. Proposals considered by the PCT board were designed at minimising the negative effect on patients.</p> <p>The committee noted the requirement of NHS bodies to consult with the public, including specifically the Overview & Scrutiny Committee, which had a statutory obligation to be consulted on any proposals containing "substantial variation or development" to services. It was agreed by the Chair and Opposition Lead Member for Overview and Scrutiny, that the proposals relating to the Family Planning Service and Greentrees</p>	RM

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constituted “substantial variations” to services.

Members requested the opportunity to broaden the discussion into other Health issues in the borough. However, the committee agreed that as the Family Planning and Greentrees issues qualified as “substantial variations”, discussion would be restricted to these two items. The development of Hornsey Central Hospital was not being considered as part of the current budgetary discussions as these concerned the PCT’s revenue budget. However, the issue would be discussed at the September meeting of the Committee.

In addition to the TPCT representatives, the Committee received specific and detailed evidence from the following:

Cllr Liz Santry – Executive Member for Children's Services, Haringey Council

Jan Doust – Deputy Director of Children’s Services, Haringey Council

Maureen Dewar – Chair of Haringey PCT PPI Forum

Dave Morris and Sue Hessel – Haringey Federation of Residents Association

Dr. Maurice Cohen – Lead Clinician for Elderly Medicine, North Middlesex Hospital

Samantha Jones – Deputy Chief Executive, North Middlesex Hospital

Robert Edmonds – Age Concern and Chair of HAVCO Well Being Theme Group;

Cllr Bob Harris - Executive Member for Social Services and Health, Haringey Council

Tom Brown – Service Manager, Older People, Haringey Council

Lesley Fisher – UNISON

a) FAMILY PLANNING SERVICE

The Primary Care Trust outlined the reasoning behind its proposed service alterations. The Health Authority’s top-slicing of 3% of the PCT budget into the general London fund had, despite Haringey’s 8% funding increase this year, been imposed on the Trust following the budget’s formulation.

The proposals for the family planning service would see a reduction in the number clinic services, with services ceasing in Fortis Green, Bounds Green and Burgoyne Road, reducing in number at Stuart Crescent, and being reconfigured at Lansdowne Road and Lordship Lane locations to Somerset Gardens. Service would continue to be provided at other locations, with total sessions per week number 18, a reduction from the current level of 23.

Members raised concerns over consultation on the proposals. The PCT assured Members that they had attempted to consult as fully as they could, whilst acknowledging that the pre-election purdah hampered their engagement opportunities with Councillors.

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The PCT explained that in an ideal situation these changes would not be being proposed, but that their requirement to work within budgets meant the money had to be prioritised in areas of the greatest need. The committee noted that there were other avenues than clinics to get sexual health advice in the borough, with help being available through initiatives such as the successful 4YP service, or local GPs. The impact of the changes were to be reviewed six months after implementation, and this review brought back to the Committee to be looked at. The Trust assured Members that they would continue do everything they could to ensure that those people had access to specialist care.

Members raised concerns over both the unique nature of the service provided at the clinics, and concerns over whether a risk assessment of the closures had been carried out. In terms of the accommodating those who were attending the affected clinics, the Trust believed that not all would go to the remaining clinic sessions, instead utilising other options such as their GPs and 4YP. The Trust were confident though, that the remaining clinics would be able to cope with increased demand.

Following a discussion and a number of points of clarification given by Trust to the concerns of Members and Stakeholders, Councillor Winskill MOVED a MOTION that the proposed changes to the Family Planning Service by the PCT be referred up to the Secretary of State.

On a vote there being 3 for and 3 against, the Chair used his casting vote against, and the MOTION fell.

RESOLVED:

1. That a letter be drafted to the Secretary of State for Health stating the Council's dissatisfaction at the manner in which these budget adjustments had been necessitated by the decision of the Strategic Health Authority to require the PCT to contribute 3% of its budget towards a London wide reserve.
2. That we note our disappointment that no representative from the Strategic Health Authority attended this meeting of the committee.
3. That we note that the proposals could and should have been consulted on more effectively and, in particular, with the Teenage Pregnancy Strategic Partnership Board
4. That the following recommendations be made to the PCT;
 - That the "hub" of the proposed service model be located within the Borough and that the provision of additional "spokes" be considered to ensure that service is accessible to all residents
 - That additional work be undertaken with young people to ensure that the revised service model meets their specific needs.

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- That the impact of the changes be closely monitored and, in particular, the effects on young people, people not registered with a GP and “hard to reach” groups.

5. That the Committee be updated on the effects of the proposals, six months after their implementation.

b) GREENTREES

Representatives of the PCT argued that although the changes were being made quicker than was ideal, they were modernisations which would have been likely to have been proposed in due course, regardless of the budget cuts. The emerging view of the leadership of the PCT was that the unit was not operating as effectively as it could to provide an efficient service. The committee noted that the 2 continuing care patients and 5 medical respite occupants would remain, with the bed numbers reduced down to reflect this number. The 6 Stroke beds in Acorn would remain, with the number of rehabilitation beds reduced from 38 to 24. This was in line with the PCT’s policy of attempting to make rehabilitation more of a 24-hour patterned process.

The PCT informed the committee that consultation had taken place with User Groups and Social Services and the Consultants at Greentrees had been kept in the loop throughout the consultation process. A parallel staff consultation had also taken place. The Trust stated they were keen to redeploy staff rather than force redundancies.

Some groups stated that they were unclear as to whether there had been any consultation with older people documented. The PCT regretted that part of the key period for consultation had taken place in purdah, limiting the ability of Members to input their views. We noted that formal discussions had taken place with Haringey Social Services, who had been initially contact by the PCT in April. The director had responded with the Borough’s concerns and suggested that the matter be referred to the Overview & Scrutiny committee.

Members raised concern over the possibility of the Council having to pick up any shortfall which may result from the reduction in beds. The PCT assured Members that there was no attempt to shift any of the financial burden onto partnership organisations. The committee agreed that support to the closures should not be given without ensuring there were sufficient other resources in the community. Members were assured that the North Middlesex Hospital had been consulted throughout the process, and that the Turnaround programme for the hospital was due to come before the next meeting of the committee.

Members enquired as to how increased throughput would be possible, when it had not been achieved in the past. Representatives from the North Middlesex Hospital present at the meeting responded that increased throughput could be achieved by changing the philosophy of rehabilitation, and representatives stated to the committee that he was

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<p>confident that the proposed changes would ultimately have a beneficial effect on its operation.</p> <p>Members were assured that the closures would not affect the ward's single sex policy. On the physical complexion of the ward following the bed closures, staff had a model in place and were exploring options as to what use to make of the vacated space.</p> <p>We noted that the Rehabilitation Strategy would be widely consulted on in the Autumn.</p> <p>The PCT assured the committee that they had looked at these proposals in detail, acknowledged that the changes were motivated by a financial imperative, but claimed that they would provide better clinical care for patients.</p> <p>RESOLVED:</p> <ol style="list-style-type: none">1. That the following recommendations be made to the PCT in respect of its proposals relating to Greentrees:<ol style="list-style-type: none">a. That current levels of throughput and clinical outcomes be maintainedb. That the reduction in the number of beds does not impact unduly on providers of community services and that any further reductions be not be undertaken without full and detailed consideration of the need for additional resources to community services in order to ensure that they are in a position to respond effectively.c. That the Council be kept informed of any changes to the system2. That the PCT update the Committee on progress at its meeting on 24 October.
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COUNCILLOR GIDEON BULL

Chair