

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
WEDNESDAY, 29 APRIL 2009

Councillors Councillors Bull (Chair), Adamou (Vice-Chair), Aitken, Alexander, Dodds, Winskill and Mallett

Apologies Councillor Jones

Also Present: Felicity Kally (Co-optee), Yvonne Denny (Co-optee), Councillors Hare and B. Harris, Trevor Cripps (Head of Scrutiny), Melanie Ponomarenko (Scrutiny Officer), Rob Mack (Scrutiny Officer), Jon Hastings (Street Scene/ Environment Officer), Helen Jones & Natalie Cole (Committee Co-ordinators),
 NHS & PCT representatives
 Approximately 15 members of the public

MINUTE NO.	SUBJECT/DECISION
OSCO01.	WEBCASTING The meeting was webcast on the Council's website.
OSCO02.	APOLOGIES FOR ABSENCE An apology for absence was received from Councillor (Cllr.) Jones. Cllr. Toni Mallett attended as Cllr Jones' substitute. Apologies for lateness were received from the Chair, Cllr. Alexander and Cllr. Winskill. Councillor Aitkin apologised for having to leave early.
OSCO03.	DECLARATIONS OF INTEREST Councillor Mallett declared a personal, non-prejudicial interest in item 6 – Transport – Adult Social Care – as her father had previously used the Borough's day centre facilities.
OSCO04.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS There were no such items.
OSCO05.	NHS HARINGEY - BUDGET SETTING 2009/10 Received a presentation from Harry Turner (NHS Haringey Director of Finance) on the budget setting for 2009/10, which was £30 million less than last year's budget due to cost, allocation and other pressures. Tracey Baldwin (NHS Haringey Chief Executive) and Richard Sumray (NHS Haringey Director) were also in attendance. The presentation outlined actions taken to deal with these pressures which had reduced the gap in funding to £16 million. Further actions had been proposed to further close the funding gap and minimise the

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impact on services.

The following was noted in response to discussions, concerns and questions:

- It would not have been sensible for the NHS to consult with partners and the public before the budget and acute contracts had been finalised and agreed by the NHS Board. NHS representatives would return to present the ultimate budget to OSC, when finalised, and extended hours to services (including Neighbourhood Health Centres) in the community to reduce acute spending and numbers of people going in to hospital. General Practitioners (GPs) and other services would be evaluated to ensure services were delivered productively and with value for money.
- Primary Care Trust contracts would seek improvements in length of hospital stays, out patients appointments and other areas to ensure services did not suffer as a result of lower budgets.
- There would be less overspend on services such as Mental Health than in 2008/09 and investment plans would also be reassessed and prioritised.
- Despite being reduced, reserve funds were enough to cover increased activities in winter. This would need to be reassessed in the event of a pandemic.
- The new tariff for acute services (HRG4) made it difficult to assess the impact of the funding gap but any financial risks would be assessed and contingency would be in place.
- The Cabinet Member for Health and Social Services and the Leader would be asked to write to the Department of Health expressing the Council's concern at;
 - the late notification of changes in tariffs and the resource allocation formula which had disrupted and delayed NHS Haringey's budget process
 - changes to the resource allocation formula reducing Haringey to floor level growth of 5.1% baseline and asking for reasons why it was so low; and
 - the introduction of the new national tariff for acute services (HRG4), which, although intended to be cost neutral, has proven to be a cost pressure on NHS Haringey.
- NHS representatives would:
- write to OSC with figures about access to sexual health services & Sexually Transmitted Diseases (STD).
- write to OSC about NHS waiting times for new patients to sexual health services.
- return to present the NHS Haringey budget to OSC when it had been finalised

RESOLVED

That the presentation be noted.

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OSCO06.	TRANSPORT - ADULT SOCIAL CARE The following was noted in response to discussions and questions: An action plan was being put in place by the Adult Social Care team and work had already started on some aspects of the review including: a Transport Steering Group had been set up, activity data was being collected and would be reported as part of performance management and service level agreement planning. Adult Social Care officers would prepare a briefing note about “self-funders” using day services and their entitlement to access day centre transport provision. New vehicles were in use which met European Union emissions standards. These were on a five year lease but electric vehicles would be considered in the future. RESOLVED That the following recommendations be agreed: - i That Overview & Scrutiny Committee conduct an initial scoping to assess the benefit of conducting a full scrutiny review of: ▪ capacity, appropriateness and integration of community transport services (door to door) in Haringey ▪ patient transport for health services in Haringey. - ii Haringey Council should consider developing a local community transport development plan to help: ▪ provide a consistent level of service quality for passengers ▪ ensure coordination of local services ▪ integrate local and pan London transport services ▪ maximise council resources. - iii Adult Social Care should ensure that all 2nd and 3rd tier managers are aware the Councils Project Management Framework to ensure that all future projects are compliant, particularly in respect of: ▪ full appraisal of relevant service options ▪ full assessment of potential project risks ▪ identification of clear business case to proceed ▪ clear milestones and change management plan - iv Adult Social Care should aim to develop appropriate monitoring data to support the operation passenger transport services. Data monitoring should relate to a small number of key performance indicators (e.g. council priorities, service objectives, access to day opportunities or passenger services standards) and should be accompanied by appropriate systems to ensure that such data is collated, analysed and informs the operation of the transport	

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	service. - v Using activity and financial monitoring data, Adult Social Care should develop a process which supports the benchmarking of transport provision for day centres. This data should help to develop an assessment of the comparative performance of the transport service with other transport models/ services. - vi That Adult Social Care should establish service standards for journey times (i.e. max 1 hour) and service punctuality (i.e. within 30 minutes of specified time) for service users and their carers. These standards, and the service's performance against these standards, should be clearly communicated to service users and carers. - vii That Adult Social Care service should invest in occasional/ periodic specialist advice to support more effective planning, development and operation of day centre passenger transport services. Specialist advice should also be sought to identify how adult social care can minimise the environmental impact of vehicles under its operation and management. - viii That Day Centre Managers, or those that plan transport routes, attend passenger transport training (i.e. NVQ Passenger Safety) to ensure that passenger routes effectively and efficiently. - ix Adult Social Care should ensure that dual training of staff is fully implemented across the day centres to ensure that there is an adequate pool of drivers and escorts to support to operation of service based transport. - x That Adult Social Care continues to utilise survey tools developed within the review to periodically to assess service user and carer satisfaction with transport services.	
OSCO07.	RECYCLING REVIEW: SOURCE SEPARATED AND CO-MINGLED COLLECTION METHODS IN HARINGEY The Committee considered a report on the Recycling Review of Source Separated and Co-Mingled Collection Methods in Haringey, introduced by Jon Hastings (Communication and Engagement Manager - Environment). The following was noted in response to questions and discussions: • Although the Review Panel looked in detail at the merits of collection methods the Panel had not received costings. Cllr Adamou recommended that Committee Members received a report of the financial implications of source separated and co-mingled collections. • Co2 savings would be considered as part of the new waste contract procurement.	

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	• The detail of what materials should be recycled using blue bags distributed to blocks of flats would be reported back to OSC following the question about them only being used to recycle paper. • OSC would received details on the Borough's total tonnage of recycling and what materials this included. • People were more likely to recycle using the co-mingled method and food waste recycling should be encouraged. • Work was being conducted to improve food waste recycling. • Cllr. Hare addressed OSC with suggestions for separate glass recycling. Glass recycling had been considered within the review and was included in co-mingled collections. RESOLVED i. That the Committee recommends that the council explores the option of collecting paper and glass separately from one another on its recycling services. ii. That the Committee recommends that the council should consider retaining the paper and glass banks in Haringey. iii. That the Committee recommends that the council commission a report on co-mingled and source separation collection methods as part of the procurement process for the new Waste Services Contract. The report should consider the costs and benefits, environmental impacts and carbon dioxide emissions of both collection systems. iv. That the Committee recommends that a report is produced on the impact of the North London Waste Authority's procurement process on Haringey, with regard to co-mingled and source separated collection methods. The report should include analysis of the impact of a crash in the recycle markets owing to the global economic crisis. v. That Committee members receive a report of the financial implications of source separated and co-mingled collections.
OSCO08.	HEALTH: EVERYONE'S BUSINESS The Committee considered a report on the Health and Inequalities Event held in November 2008 and a gap analysis document, which were recommended as a basis for setting the Scrutiny work programme for the forth coming year. Melanie Ponomarenko (Scrutiny Officer) and Susan Otití (Director of Public Health (Haringey NHS)) introduced the report. The following was noted in response to discussions and questions: • Health Care Scrutiny reviews should be conducted jointly with the Primary Care Trust (PCT). PCT officers should be invited

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	to become review panel members. • Three areas suggested for review in 2009/10 were: Housing, Physical Activity and Sexual Health. • Domestic violence was not necessarily more common in deprived areas but possibly better hidden by affluent people. • Young people should be better engaged with. • The report would be circulated to all Council Members. RESOLVED i. That the Overview and Scrutiny Committee add the following areas to the list of topics which will be considered as part of the work plan for 2009/2010. • Housing, particularly in relation to temporary accommodation and the impact of the recession on private sector contributions. • Sexual health, particularly in relation to teenage pregnancy and Chlamydia rates. • Physical activity, particularly in relation to behaviour change. • Use of green spaces. ii. That the Overview and Scrutiny Committee consider the attached gap analysis for other areas to be considered in the 2009/2010 work plan.	
OSCO09.	ISLINGTON URGENT CARE CONSULTATION Received the report on the Consultation on Urgent Care in Islington introduced by Anna Stewart from Islington Primary Care Trust. The following was noted in response to questions and discussions: • The main recommendation to tender for an Urgent Care Centre in Islington, to be based at the Whittington Hospital was objected to by OSC Members who felt that the Whittington Hospital should be given the contract. • Siobhan Harrington from the Whittington Primary Care Trust (PCT) also attended the meeting and expressed that Whittington Hospital supported the strategy as a whole except for the decision to tender for an Urgent Care Centre. This was thought to be a re-design of old services and would be a risk to the PCT in the current economic climate. Committee Members supported this view. • More detailed consultation with stakeholders would take place once an overall strategy had been drafted and whilst the decision to tender for the Urgent Care Centre was not definite the rearrangement of services was. • The Chair would draft a response to the Islington Urgent Care	

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	consultation conducted by Islington PCT expressing the Committee's concern at the lack of consultation with Haringey residents, opposition to the establishment of a physically separate Urgent Care Centre on the Whittington site & requesting further information on the overall potential impact of the proposals. This would be circulated to OSC members for their input and copied to Siobhan Harrington. RESOLVED That the consultation document be noted.	
OSCO10.	MENTAL HEALTH TRUST (MHT) RESPONSE The Committee received an introduction to the report and a presentation by Andrew Wright (Mental Health Trust Director of Development) and Liz Rahim (Primary Care Trust Director of Commissioning) on the Barnet, Enfield and Haringey (BEH) Mental Health Trust (MHT) responding to the Overview and Scrutiny Committee's response to the Consultation on the reconfiguration of acute care within the Borough. A copy of a letter from Maria Kane (MHT Chief Executive) was tabled. The following was noted in response to discussions and questions: • The MHT consultation produced the following results: • 76% agreed with the principle of the consultation • 65% recognised the need for change in MHT resources • Service users said they wanted more choice about their treatment • Once results were evaluated by the MHT Board they would be made public and a formal response published. • The importance of working together to keep moving forward to improve mental health services was recognised. The plan was to reduce the number of beds available at St. Anne's hospital for mental health patients and improve mental health resources within the community. • Concerns were raised about the number of people treated in wards and educating people about mental health. • An action plan had been established to address the issues at St Anne's highlighted by the Care Quality Commission. • There had been an issue with cleanliness of wards and it was recognised that less money was being spent on cleaning than in past years. • Haringey LINK (Local Involvement Network) representatives would start using "Enter and View" powers this summer, which would enable them to report and make recommendations on services. RESOLVED	

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	That the Committee noted the response by the Mental Health Trust.	
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COUNCILLOR GIDEON BULL

Chair