

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE  
WEDNESDAY, 21 OCTOBER 2009**

Councillors Councillors Bull (Chair), Adamou (Vice-Chair), Adje, Mallett and Newton

Apologies Councillor Aitken and Marsh

Also Present: Yvonne Denny, Joseph Ejiofor (Tetherdown Primary School) and Helena Kania (Local Involvement Network (LINK))  
Councillor Egan

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>
<b>OSCO46.</b>	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Councillors Winskill (who was substituted by Councillor Scott), Aitken, Harry Turney (NHS) and Sarah Marsh.</p>
<b>OSCO47.</b>	<p><b>URGENT BUSINESS</b></p> <p>There was no urgent business.</p>
<b>OSCO48.</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>
<b>OSCO49.</b>	<p><b>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</b></p> <p>There were no such items.</p>
<b>OSCO50.</b>	<p><b>TRANSFORMING COMMUNITY SERVICES</b></p> <p>The Committee received the report, presented by Andrew Williams (Interim Joint Chief Operating Officer, NHS Haringey and NHS Islington), informing the Committee of the development of the Provider Services Alliance for both Haringey and Islington Primary Care Trusts (PCT). The Joint Board was responsible for the provision of local community health services and looking at how value can be added to the social care function in terms of integrating services for the benefit of service users and reducing costs by working together.</p> <p>The Committee questioned how the Joint Provider Board could work when the social needs, budgets and levels of service for Haringey and Islington were different. Mr Williams acknowledged that PCTs receive allocations based on the national NHS funding model which affects the funding available to commission community health services. He explained that services were still borough-based with separate budgets and discussions were held with commissioners and partners about local needs as well as regular meetings with Cabinet</p>

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	<p>Members and Directors of Social Services.</p> <p>Mr Williams confirmed that both PCT Boards had agreed a memorandum of understanding, which provided a process for resolving any conflicts should these arise between the PCT's and all major service and organisational decisions were made in public by the PCT Boards.</p> <p>The Committee expressed concern that conflicts in pay for roles attracting Inner London Allowance could see staff from Haringey move to Islington. Mr Williams recognised that staff moved for a number of reasons and this was an issue in Haringey, Islington and other PCTs regardless of whether there were joint provider boards. There would be no changes to staff contracts and all staff would be treated equally according to NHS terms and conditions of employment. One of the benefits of the Provider Services Alliance was the ability to offer a wider range of professional development opportunities for staff in both Haringey and Islington which in turn improves access and choice for patients.</p> <p><b>RESOLVED</b></p> <p>That the report be noted.</p>	
<p><b>OSCO51.</b></p>	<p><b>NHS HARINGEY BUDGET</b></p> <p>The Committee received the report, introduced by James Slater (Director of Commissioning West Haringey, NHS Haringey) updating on the 2009/10 budget and current financial performance and identifying key areas of risk that the Primary Care Trust (PCT) faced in achieving a balanced position by the year end. The Committee expressed concern that PCT reserves had been committed yet winter illnesses may put pressure on NHS Haringey. Mr Slater stated that the reserves would be put towards ordinary hospital activity if necessary and emphasised that no patient would be turned away.</p> <p>The Committee highlighted that local press reports highlighted high pregnancy rates and a lack in breast screening for women and asked if the budget was going to address these problems. Mr Williams (Interim Joint Chief Operating Officer, NHS Haringey and NHS Islington) stated that the NHS had invested adequate resources into breast screening; in a deprived and complex community such as Haringey it was difficult to set out an investment plan with new ways of providing services as well as putting in adjustments to make the system sustainable.</p> <p>The Committee questioned how NHS Haringey would stop the existing over-spend and break-even. Mr Slater stated that there were pressures due to costing arrangements and there was a technical process of invoicing, billing and charging for contracts that were commissioned for acute care which NHS Haringey was working on with the Strategic Health Authority for London in order to adjust these</p>	

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	<p>tariffs and work with providers and create more community based services. The Committee were informed that other PCTs in London were facing the same over-spend problems.</p> <p>The Committee requested a future update on the budget and more detail about how much money NHS Haringey had in savings accounts and how the money that NHS Haringey held as an initial contingency of £12m, had been applied through the year.</p> <p><b>RESOLVED</b></p> <p>That the updated 2009/10 budget, and the financial results for the first 5 months, and the risks facing the Primary Care Trust (PCT) for the remainder of the year be noted.</p>
<p><b>OSCO52.</b></p>	<p><b>UNSCHEDULED CARE</b></p> <p>The Committee received the report on unscheduled care (any unplanned contact with the NHS by a person) and a presentation by Dr Klynman (Consultant in Public Health) on accident and emergency (A&amp;E) data from North Middlesex and Whittington Hospital from April 2007 to December 2008. The Committee noted that the majority of patients self-referred to A&amp;E and large numbers of people were discharged from A&amp;E without follow-up, many of these could have been seen elsewhere; only 5% visited their GP prior to A&amp;E attendance.</p> <p>The Committee recognised that the areas where there were high numbers of unregistered patients were also areas with high levels of rented or sheltered accommodation and in response Dr Klynman highlighted that a less complex system of registering with GPs was required for those in deprived areas who did not understand how to access GP services.</p> <p>The Committee were informed that there was a lack of understanding by local people about how to access GP services and a need to refer them back into primary care. All GPs were required to provide emergency appointments but people were not aware of when to call GP surgeries for those emergency appointments and this often resulted in them going to A&amp;E, which was not cost effective.</p> <p>Councillor Egan (in attendance) questioned the future of the walk-in clinic in light of the fact that attendance was low. Mr Slater emphasised that people were still going to A&amp;E where the walk-in centres were more appropriate and a more cost effective way for a patient to be seen and treated by a physician as well as assisted with GP registration. The Committee had concerns that walk-in centres did not provide the same porter service that was found in A&amp;E and so people with disabilities were more likely to go to A&amp;E.</p> <p><b>RESOLVED</b></p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE  
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	That the report be noted.
<b>OSCO53.</b>	<p><b>UPDATE ON HARINGEY LINK</b></p> <p>The Committee received the annual report 2008/09 of the Haringey Local Involvement Network (LINK), which provided local communities with a voice in how health and social care services were delivered, presented by Helen Kania (Acting Chair, Haringey LINK) and Peter Durrant (Haringey Link). The Committee noted that Haringey LINK was getting more involved in the planning of health and social care and was taking part in neighbourhood meetings and the North Central London Group as well as conducting outreach work in order to ensure there was LINK input in all consultations.</p> <p>In response to the Committee's questions Mr Durrant explained that a series of events had been held to promote Haringey LINK and encourage new members and local and national advertising to raise awareness would continue. Mr Durrant recognised the Committee's concern about the gap in LINK representatives from the mental health side of care. Ms Kania confirmed that LINK was in contact with PALS (the NHS complaints service).</p> <p>The Chair would write a letter to Haringey PCT Board on behalf of the Overview &amp; Scrutiny Committee encouraging it to provide LINK with a seat on the Board.</p> <p><b>RESOLVED</b></p> <p>That the report be noted.</p>
<b>OSCO54.</b>	<p><b>MINUTES</b></p> <p>The minutes would be confirmed at the next meeting.</p>
<b>OSCO55.</b>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>There were no new items of urgent business.</p>

COUNCILLOR GIDEON BULL (Chair)

The meeting ended at 19:45

**SIGNED AT MEETING.....DAY**

**OF.....**

**CHAIR.....**