

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE  
WEDNESDAY, 28 JULY 2010**

Councillors Councillors Bull (Chair), Browne (Vice-Chair), Ejiofor, Newton, Winskill and Strang

Apologies Councillors Alexander and Basu

Also Present: **Co-optees:** Yvonne Denny (Parent Governor Representative), Helena Kania (Local Involvement Network (LINK))  
**And:** Duncan Stroud (NHS Haringey - Associate Director - Communications, Engagement and Partnerships), Harry Turner (Director of Finance, NHS Haringey) and Stephen Conroy (Director of Communications NHS North Central London)

**MINUTE  
NO.**

**SUBJECT/DECISION**

<b>OSCO31.</b>	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Councillors Alexander (Councillor Paul Strang substituted) and Basu.</p> <p>An apology for lateness was received from Councillor Ejiofor.</p>
<b>OSCO32.</b>	<p><b>URGENT BUSINESS</b></p> <p>There were no urgent items.</p>
<b>OSCO33.</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>Councillor Paul Strang declared a personal interest during discussions involving Transport for London (TfL) as he was previously employed by TfL.</p>
<b>OSCO34.</b>	<p><b>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</b></p> <p>A number of local residents attended the meeting to speak on Breastfeeding and Low Priority Treatments; recorded in the minute below.</p>
<b>OSCO35.</b>	<p><b>NHS HARINGEY UPDATES</b></p> <p>The Committee received the NHS Haringey Update document and was shown a video of local people's positive opinions about the new polyclinics in Haringey. It was noted that despite pressures NHS Haringey was still delivering the strategy to provide more care in the community.</p> <p>In response to questions it was noted that demand for the use of services in Haringey had risen due to a number of reasons including population and need growth, diversity, health issues in the east of the borough, people wanting to use the service more as well as more</p>

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publicity promoting health living.

A paper detailing future provision of health centres in the borough would be circulated to Committee Members (action no. 35.1).

Breastfeeding

The Committee heard from local residents concerned with the provision of support to new mothers who were breastfeeding and requested details of how the breast feeding targets in the Children & Young People's Implementation Plan 2009 would be met. A response would be circulated to members after the meeting with copies of the plan (action no. 35.2).

The Committee would be provided with information on how breastfeeding would be measured in future, including infants who were partially and exclusively breastfed (action no. 35.3).

It was confirmed that Great Ormond Street Hospital (GOSH) Health Visitor training was given to all volunteers. The Committee asked whether there were volunteers to assist with breast feeding in all children's centres. Mr Stroud agreed to circulate this information after the meeting and details of the timescales within which a new mother should have contact with a health visitor (action no. 35.4). It was noted that a dedicated officer in Haringey worked with GOSH to commission support for breastfeeding.

Low Priority Treatments

The Committee received a deputation on behalf of the Defend Haringey Health Services Coalition (DHHSC) opposing the proposal for a low priority treatments list, claiming that for some people these treatments could be life saving. In response, Mr Harry Turner, Director of Finance – NHS Haringey, reported that the NHS was committed to ensuring equity across Haringey in all NHS services and that a strict criteria was followed to ensure that everyone was assessed equally according to their clinical needs. The treatments in question were regarded as being of questionable benefit. Details of the prioritisation criteria in relation to the low priority treatments policy would be circulated to Committee Members (action no. 35.6) and it was noted that clinical judgement would be used during an "exceptional treatment panel" to decide on cases where individuals felt they did meet the criteria for having the relevant treatment.

Information on the projected impact of the low priority treatments policy based on figures for the population and demographics of Haringey (action no. 35.7) would also be circulated. The Committee noted that the cuts to such treatments in Haringey were not as large as the cuts made in other boroughs but expressed concern that early treatments often prevented worse illness later on.

The minutes of the PCT Board meeting held on 28<sup>th</sup> July 2010 would

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be circulated to Committee Members when available (action no. 31.5) as well as information on the projected impact of the low priority treatments policy based on figures for the population and demographics of Haringey (action no. 35.7). It was noted that it was difficult to estimate the potential impact as patients not provided with these treatments might well be offered alternative forms of treatment instead.

It was agreed that the Committee would meet quarterly to consider relevant issues relating to the major changes to health services currently taking place (action no. 35.9) and requested to be consulted about any services planned to be cut by NHS Haringey, including replacement services, at the early stages of discussions (action 35.10).

Transport

The Committee noted the deputation on behalf of Buswatch Haringey stating that Hornsey health centre was poorly served by transport links with only the W7 bus linking to the area. Residents in Hornsey Central, Wood Green and those with mobility issues would have difficulty accessing the health centre.

Duncan Stroud, NHS Haringey – Associate Director – Communications, Engagement and Partnerships, reported that Transport for London (TfL) were currently consulting NHS Haringey on changes to bus routes in the borough. NHS Haringey recognised the on-going difficulties for people travelling across the borough and using the bus stop at the top of Muswell Hill.

The Chair would ask the London Assembly Member for Enfield and Haringey to raise the issue of there being a lack of public transport to the Hornsey Neighbourhood Health Centre (action no. 35.12). Councillor Bull and Councillor Winskill agreed to work with Chris Barker (Buswatch Secretary) and executives of the PCT, linking with the Head of Sustainable Transport and the Transport Forum, to organise a meeting with Transport for London to discuss the issues with transport in Haringey. (action no. 35.13).

North Central London Review (NCL)

Members expressed concern about General Practitioners (GPs) being given the role of commissioning services and suggested nurses, speech therapists and other professional should also be involved. The Committee stated that local residents who have experienced healthcare issues should also be included in discussions to which the Director of Finance, NHS Haringey, responded that regular patient group discussions were held.

In response to questions about why the transfer of services from hospitals to health centres was slow the NHS Haringey – Associate Director – Communications, Engagement and Partnerships, explained

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	<p>that before the move of services many issues had to be considered to ensure clinical and patient safety. The Committee requested regular updates on the white paper and the impact on local services, the Tottenham Polyclinic and the North Central London Acute Care Review (action no. 35.14) and to be provided with regular updates about the transfer of public health responsibilities from the PCT to the Council (action no. 35.15).</p> <p><b>RESOLVED</b> to note the NHS updates and actions 35.1 to 35.15.</p> <p>The meeting ended at 19:45 hrs</p>	
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COUNCILLOR GIDEON BULL

Chair

Councillor .....

Chair

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

**OF.....**