

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
WEDNESDAY, 20 OCTOBER 2010**

Councillors Councillors Bull (Chair), Browne (Vice-Chair), Alexander, Ejiofor, Winskill and Waters

Apologies Councillor Basu, Councillor Newton and Marcelle Jemide (Parent Governor Co-optee)

Also Present: **Co-optees:** Yvonne Denny (Church Representative), Helena Kania (LINK)
Councillors: Councillor Dilek Dogus
Officers: Stuart Young (Assistant Chief Executive People, Organisation & Development), Trevor Cripps (Scrutiny Manager), Rob Mack (Scrutiny Officer), Natalie Cole (Clerk)
Also Attending: Tom Pharaoh (NHS Commissioning Support for London), Duncan Stroud (Associate Director - Stakeholder Engagement and Partnerships - NHS Haringey), Andrew Wright & Pete Sudbury (Mental Health Trust (MHT) Haringey), Peter Durrant (LINK), Ian Wilson (Interim Chief Executive - NHS Haringey), Harry Turner (Director of Finance - NHS Haringey) and David Lyons (Assistant Director of Primary Care - NHS Haringey)

MINUTE NO.

SUBJECT/DECISION

<p>OSCO84.</p>	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Councillor Basu, Councillor Newton, Marcelle Jemide (Co-opted Member) and Maria Kane (Mental Health Trust Chief Executive).</p> <p>Apologies for lateness were received from Councillors Alexander and Ejiofor.</p>
<p>OSCO85.</p>	<p>URGENT BUSINESS</p> <p>As it was a special meeting no urgent items were permitted.</p>
<p>OSCO86.</p>	<p>DECLARATIONS OF INTEREST</p> <p>Councillor Gideon Bull declared a personal interest in item 7 – Changing for Good MHT Update – as he worked for Moorfields Eye Hospital which had an outreach clinic at St Anne’s Hospital.</p> <p>Yvonne Denny (Church Co-optee Representative) declared a personal interest in item 8 – NHS Update – as she was a trustee of the Bridge Renewal Trust and Project Group, which was based at the Laurels Health Centre.</p> <p>Councillor David Browne declared a personal interest in item 8 – NHS Update – as he was registered at the Laurels Health Centre.</p>

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OSCO87.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS There were no such items.
OSCO88.	SUPPORT FUNCTIONS REVIEW (SFR) – POLICY AND PERFORMANCE FUNCTIONS The Committee received the report about the proposed model for streamlining the Council's Policy and Performance functions which was taking place as part of a programme of reviews to reduce support based resources and provide more efficient services. The Committee expressed concerns that the review had been handled poorly and there was poor communication. The Scrutiny Function had been added to the review at a very late stage and that under the new proposed model there would be a pool of staff across the Policy and Performance service rather than dedicated Scrutiny Officers. Members felt this would not ensure impartiality or independent and transparent scrutiny and would weaken the overall effectiveness of scrutiny. The Assistant Chief Executive highlighted that whilst the new model did not have dedicated scrutiny support, it also did not include dedicated policy, equality or partnership teams. He explained that there would still be support to Scrutiny shared between a number of the policy officer posts detailed in the proposed staffing arrangements in Annexe 2 of the report (page 16 of the agenda pack). The achieved percentage reduction in spend had `changed from 50% to 43% following the withdrawal of some posts from the review. These would now be considered as part of other staffing reviews. The Committee questioned whether there would be a full time person who would organise Scrutiny and be a point of contact for enquiries. It was reported that there could be a dedicated point of contact for scrutiny within the proposed management structure. In response to questions and comments from the Committee it was noted: <ul style="list-style-type: none">• Health and Police partners had been consulted on the overall proposals.• Contributions to the cost of support to the HSP was largely funded by Area Based Grants.• The Assistant Chief Executive agreed to the suggestion that there should be a 6 monthly review of the function.• Scrutiny work would be scheduled and planned based on the Overview and Scrutiny Committee's work programme.• The overall scope of the Overview & Scrutiny Committee would not change under the terms of this staffing review.• It was recognised that it could be difficult for an officer who might have written a policy to be impartial during a scrutiny review relating to that policy but experience of officers could also be an advantage to this and work would be allocated to

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	<p>avoid such conflict.</p> <ul style="list-style-type: none"> • To achieve the 36% reduction in resources there will be an impact on services across the board; however, the aspiration was that a full and comprehensive scrutiny work programme would still be covered. • The proposed model could still resource a level of performance monitoring despite the Government's announcement that a number of Local Area Agreement (LAA) targets will be revoked. There will be further work done to ensure that the Council was not working on performance indicators which were no longer compulsory. <p>The general consensus of the Committee was that the proposals would mean a reduction in support to the scrutiny function and, whilst policy officers could contribute to the research function of scrutiny, dedicated, independent scrutiny officers were required to maintain confidence in the scrutiny function.</p> <p>RESOLVED</p> <ol style="list-style-type: none"> i. That the Committee's comments be presented to the General Purposes Committee on 28th October 2010. ii. That the Committee recommends that an independent and dedicated scrutiny support function be maintained. iii. That a 6 month review of the new Policy and Performance function will take place. 	
<p>OSCO89.</p>	<p>CARDIOVASCULAR & CANCER SERVICES - PRESENTATION</p> <p>The Committee received the proposed models of care form Cardiovascular and Cancer Services presented by Tom Pharaoh (NHS Commissioning Support for London (CSL)).</p> <p>The Committee highlighted that the figures for cancer treatments in London would see a large increase and it was noted that many patients, particularly young people, from outside came into London for cancer treatment.</p> <p>In response to the Committee asking how the proposed models would impact hospitals it was emphasised that whilst the proposals were not specific high volume surgeries and treatments would still be conducted in hospitals.</p> <p>Whilst the proposals did not address issues of late diagnosis it was noted that there were routes for fast track testing for cancer.</p> <p>In response to its concerns raised about patients having to wait over the weekend for an angiogram due to no weekend working it was noted that a number of centres would provide 24 hours services for urgent cases.</p>	

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	<p>In regard to the presentations received about new models of cardiovascular care and cancer care, the Committee requested a briefing note on the implications of the white paper and the North Central London Review: specifically the recommendations that business must be offered to willing and able providers. It was felt that this could have implications for the delivery of the models. The Committee also asked how, post White Paper, London wide reviews like these would be initiated, funded and delivered (action 89.1).</p> <p>RESOLVED that the proposed models of care for Cancer and Cardiovascular services be noted.</p>	
<p>OSCO90.</p>	<p>CHANGING FOR GOOD</p> <p>The Committee received the presentation on the development of Mental Health Services 2010-2015, presented by Andrew Wright and Pete Sudbury (Barnet, Enfield and Haringey (BEH) Mental Health Trust (MHT)) including the reduction of inpatient care, a recovery centre in each borough, strengthening home treatment services and developing services in primary care and case workers in specialist care as well as developing child, adolescent, dementia and forensic services.</p> <p>In response to the Committee's questions and concerns the following was noted.</p> <p>The implication of the inpatient developments was that there would be a reduced number of beds which meant that the viability of St Anne's Hospital would need to be reviewed in future as the current four units would not be sustainable.</p> <p>The Committee requested a briefing note detailing how placing mental health service users in bed and breakfast accommodation would be avoided, including the proposals for a recovery house at St Anne's hospital (action 90.1).</p> <p>In relation to the transfer of Enfield Community Services it was noted that all Primary Care Trusts would go through the competitive process of tendering for the external provision of mental health services. The BEH MHT would become providers for Enfield's services and BEH MHT had also put forward proposals for Barnet and Haringey.</p> <p>It was recognised that many homeless people had mental health issues and such patients could be placed in the proposed recovery units (with the involvement of other relevant partners such as housing) rather than in hospital beds. Beds would, however, always be available for acute cases.</p> <p>The Committee emphasised the importance of partnership working and noted that the MHT worked closely with community services, social care and individuals in service centres and involved patients and their carers in decision making.</p>	

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	<p>It was reported that black and ethnic minorities were entering mental health services later in life especially due to the stigma attached to St Anne's Hospital.</p> <p>The Committee asked for information on the number of service users utilising the day centre at the Haynes Day Centre at the Hornsey Health Centre (action 90.2) following a tour and information on under utilisation of the excellent facilities.</p> <p>In response to concerns raised by a member of the public in attendance at the meeting the Chair would write to NHS partners to inform them that the Save St. Anne's Hospital Group had not been consulted on proposals to the hospital (action 90.3).</p> <p>RESOLVED that the presentation be noted.</p>	
<p>OSCO91.</p>	<p>NHS HARINGEY UPDATE</p> <p>The Committee received the briefing updating on Camidoc/Out of Hours Service, 8pm-8am Service at Hornsey Health Centre, Buses to Hornsey, NE Tottenham Health Centre, The Laurels, NHS Haringey finance and the Barnet, Enfield and Haringey (BEH) clinical strategy review. A discussion took place and the following was noted in response to Committee Members questions and concerns.</p> <p><u>Out of Hours</u></p> <p>The Committee emphasised the need to ensure that the failings of Camidoc were not repeated. The terms of reference from the governance review of Camidoc would be circulated to Committee Members (action 91.5).</p> <p>NHS Haringey personnel were waiting for further guidance in response to the Health White Paper and how services such as Out of Hours would be monitored once the Primary Care Trust (PCT) ceased to exist.</p> <p><u>8 till 8 Service at Hornsey</u></p> <p>It was noted that the Hornsey Health Centre was also accessed by Islington residents although NHS Haringey did not receive funding for this. The Committee requested a briefing note showing evidence of the financial savings made as a result of the termination of the 8 till 8 pilot scheme at Hornsey Health Centre (action 91.6).</p> <p>The Committee expressed concern that the Urgent Care Strategy had been implemented to provide walk-in centres for people who were unable to access GP services and now the emphasis was on extending GPs opening hours. The 8 till 8 service had ceased but patients still had to wait weeks for access to a GP.</p> <p>NHS Haringey officers reported that funds were being invested in extending GP surgeries' opening hours and access was being</p>	

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monitored carefully and contract arrangements amended and monitored to meet the needs of patients. Legal notices were served to GPs who failed to meet their contractual obligations.

The Assistant Director of Primary Care - NHS Haringey would provide the Chair with detailed information regarding Castle View GP surgery potentially moving into the Lordship Lane Health Centre (action 91.7).

The Chair agreed to write to the Assistant Director for Planning, Regeneration and Economy requesting that Planning Officers meet with the Tottenham Hotspur Football Club representatives and the CE of NHS Haringey to discuss the possibility of including a health centre on the site for the new stadium which had recently been granted planning permission (action 91.8).

The Committee asked for background evidence showing where the prospect of a Health Centre at Tottenham Hale had been made public (action 91.9).

A meeting at the Laurels would be organised in order to tour the health centre and consider the future development of the centre, including the re-procurement of primary care services. The active patient group would be invited to be involved in the review. The Chief Executive of the Bridge Renewal Group was to also be invited (action 91.10).

The Committee noted that the unfinished building works at the Laurels would re-commence in the next week and the work would be completed by Christmas.

Committee members emphasised the need to consult on the Urgent Care Strategy on a borough by borough basis.

Financial Update

The Chief Executive – NHS Haringey would write to the Chair by the end of November when there was clarity on the NHS financial arrangements; further details on restructuring and relevant consultations and the white paper implementation (action 91.11).

Healthcare Support for Adults living in care homes

NHS Haringey would be reviewing the allocation of GPs to nursing homes in order to ensure high quality provision across all nursing homes and to avoid the use of 999 emergency services. It was agreed that NHS Haringey would involve Overview and Scrutiny Committee Members in the review.

Health Visitors

NHS Partners would ensure that the appropriate NHS representatives attended the Child Protection Overview & Scrutiny Committee on 1st November and that the appropriate statistics for health visiting services were available (action 92.13).

RESOLVED that the NHS Haringey update be noted.

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	The meeting ended at 21:30 hrs.
OSCO92.	PRIMARY CARE TRUST MERGERS RESOLVED that an additional Overview & Scrutiny meeting would be organised to consider PCT finance and merger matters. PCT officers were asked to prepare to provide information including details of NHS Haringey income; what that income included; who would pay the debt if the PCT was still in deficit when the PCT ceased (action 91.12).

COUNCILLOR GIDEON BULL

Chair

The meeting ended at

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....