

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 20 DECEMBER 2010**

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

Apologies Councillors Alexander and Basu

Also Present: **Co-optees:** Yvonne Denny (Church Representative), Helena Kania (Local Involvement Network (LINK))
Councillors: Bevan and Dogus Bevan and Dogus
Officers: Ian Wilson (Interim Chief Executive - NHS Haringey), Duncan Stroud (NHS Haringey), Rob Larkman (Chief Executive Whittington Hospital), Steve Hitchins (Chair of Haringey and Islington Provider Alliance), Ian Tent (ICO Project Manager), Sally Tagholm (Haringey Phoenix), Andrew Kaye (RNIB Policy Analyst), Claire Wright (NHS Haringey), Trevor Cripps (Scrutiny Manager), Rob Mack (Scrutiny Officer), Natalie Cole (Clerk)

**MINUTE
NO.**

SUBJECT/DECISION

OSCO136.	WEBCASTING NOTED that the meeting was not recorded.
OSCO137.	APOLOGIES FOR ABSENCE Apologies for absence were received from Councillor Karen Alexander (substituted by Councillor Nigel Scott) and Councillor Dhiren Basu. Apologies for lateness were received from Councillor Joseph Ejiofor and Yvonne Denny (Church Representative).
OSCO138.	URGENT BUSINESS There was no urgent business.
OSCO139.	DECLARATIONS OF INTEREST There were no declarations.
OSCO140.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS There were no such items.
OSCO141.	CHILDREN'S COMMUNITY HEALTH SERVICES The Committee received the briefing on the future of children's health services in the borough, introduced by Ian Wilson (Interim Chief Executive - NHS Haringey).

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	<p>The Committee noted the following in response to its questions and concerns:</p> <p>Details of the expectations of a service provider for children’s health services would be sent to all potential organisations. The Committee suggested that carers and other service users be part of the decision making panel and Mr Wilson confirmed that the NHS was also consulting with Haringey’s Local Involvement Network (LINK). In response to concerns about conflicts of interest it was noted that if Haringey Council submitted a bid for the contract the Director of Children and Young People’s Service would not be part of the panel.</p> <p>In response to concerns about safeguarding Mr Wilson confirmed that there were no proposals to cut the health visitors service and that the GOSH children’s budget overspend would not result in cuts in NHS children’s services.</p> <p>The figure of 56,000 for the population of children and young people in Haringey (on page 2 of the agenda pack) included all people from 0 to 18 years of age. NHS officers confirmed that the birth rate was increasing and this needed to be considered in the planning of future services.</p> <p>RESOLVED</p> <ol style="list-style-type: none">i. To note the report.ii. To note the concerns raised by this and other Council Committees about the potential risk to children’s safeguarding with the withdrawal of the universal health visitor service.iii. That the NHS be urged to pay specific attention in the procurement process to how the issues of prevention and the identification of cases to other safeguarding agencies would be addressed with as part of future provision.iv. That the Director of Children’s Services be asked to write to the NHS in response to briefing paper.
<p>OSCO142.</p>	<p>NHS HARINGEY ADDITIONAL SAVINGS</p> <p>The Committee received the briefing on NHS Haringey additional financial savings and the tabled document; the “Savings Pro Forma”.</p> <p>The Committee asked how the deficit came about. The Interim Chief Executive – NHS Haringey, Ian Wilson, explained that a number of factors were involved including changes to how the NHS was financed, how acute services were utilised in Haringey (there had been a sharp upturn in people visiting emergency services in the last year) and the paying back of loans from previous years.</p> <p><i>Clerk’s note: 11:35hrs the Chair, Cllr Bull, left the room. Cllr Browne</i></p>

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(Vice Chair) took over as Chair.

The Committee discussed some of the schemes in the Savings Pro Forma and the following was noted.

Scheme 1: Barnet, Enfield & Haringey Mental Health Trust (BEHMHT) in year contract review

There would be some consultation with a small number of people regarding changes to contracts with the Trust. The Committee asked for copies of the equalities impact assessments (EIA) when they were available.

Scheme 3 – GP Referral Management

GPs would be given comparative information in order to discourage inappropriate referrals and the wasting of resources. The information was readily available and therefore this was not an expensive exercise. The Committee requested that GPs be asked to consider the impact on the delay of certain treatments.

Scheme 5a,b & c – Mental Health: User Engagement and Mental Wellbeing, Turkish Kurdish Community and Day Service Escorting for Mental Health Clients

The Committee asked to see the relevant equalities impact assessments.

Clerk's note: 11:45hrs Cllr Bull returned to the meeting and resumed as Chair.

Scheme 6a, b & c: HAVCO, Age UK, Carers Centre

Ms. Kania reported that Haringey LINK had concerns about the potential impact of the budget reductions on future of the Stroke Club and were seeking reassurance on this issue from NHS Haringey.

The equalities impact assessments concluded that the removal of funding from HAVCO would not destabilise the service. Councillor Winskill asked for it to be noted that HAVCO had always behaved responsibly.

The Committee asked for access to the equalities impact assessment.

Scheme 7 – Effective use of surgery – reducing the caesarean section rate

The caesarean section rate would be reduced in a safe way by individual hospitals which could refer to institute guidance to support and encourage women to have natural births.

Scheme 8 – Effective use of surgery - IVF

The Committee requested to see the relevant equalities impact assessment. Members expressed concerns that this was a fundamental treatment for couples who were unable to have children. The Committee also noted that the changes would mean that the PCT would be working against relevant National Institute for Clinical

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	<p>Excellence (NICE) guidelines. NHS Officers commented that the savings in this area amounted to more money than could be saved in any other areas of low priority treatments which had been considered.</p> <p>The Committee was very unhappy with the suggested saving in the area of IVF treatment and NHS Haringey Officers agreed to reconsider scheme 8.</p> <p><u>Scheme 9 – Additional “low priority procedures” (LPT)</u> The LINK Co-opted Member of the Committee expressed that LINK could not support the raising of the threshold for bariatric surgery from a BMI of 32 to 50 as this could potentially put patients at risk. The Interim Chief Executive of NHS Haringey stated that the proposed change had been subject to clinical input.</p> <p>It was noted that the list of low priority treatments was on the NHS Haringey website.</p> <p><u>Scheme 10 – Further Public Health Savings</u> A Committee member asked when a decision would be made on how much public health funding NHS Haringey would receive and whether it would be reflected in the local authority’s funding allocation. Jeanelle De Gruchy (Joint Director of Public Health) would be asked to respond when more information about funding was available.</p> <p><u>Scheme 17 – Out of Hours</u> The urgent care provider Harmoni would be working out of two centres, including the Whittington Hospital in Haringey.</p> <p><u>Scheme 18 – Urgent / Unscheduled Care – Redirection Centre</u> This project would include arrangements for referring people to a GP if they were not already registered and would also give North Middlesex Hospital access to GP appointments so that people would not have to be treated by the Accident and Emergency department (A&E). Patients who were re-directed would be checked but not treated.</p> <p><u>Scheme 19 – Introduction of eligibility criteria/ thresholds for community services</u> Officers from NHS Haringey stated that these proposals needed further work. The changes to eligibility criteria and thresholds would be shared with the Committee and Haringey LINK in due course.</p> <p><u>Scheme 20 – Decommissioning of Chestnut (Greentrees) Ward</u> A Committee member highlighted that the decommissioning of Chestnut Ward would result in an overall cost increase if beds at St Anne’s were utilised instead.</p> <p>RESOLVED that NHS Haringey’s proposed additional savings and the comments made above be noted.</p>
OSCO143.	<p>RNIB LOST & FOUND CAMPAIGN</p> <p>The Committee received the presentation on the RNIB organisation’s</p>

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	<p>Lost and Found Campaign, presented by Sally Tagholm (Haringey Phoenix) and Andrew Kaye (RNIB Policy Analyst). The main aim of the campaign was to increase the number of Eye Clinic Liaison Officers (ECLOs) in local hospitals to provide advice and emotional support to patients.</p> <p>The Committee noted that savings in the cost of treatment could be made by early intervention of patients losing their sight and 10 minutes of a clinician's time per patient could be saved with the use of a liaison officer.</p> <p>The Committee was urged to encourage the Council to explore the possibility of funding ECLO posts. A Committee Member suggested that, whilst it was not possible to lobby for additional spending at present a letter could be sent on behalf of the Committee to the Chairs of relevant local NHS trusts, including NHS North Central London and that the issue be placed on the agenda for the next meeting of the Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London.</p> <p>RESOLVED to note the presentation by RNIB on the Lost and Found Campaign and to recommend that the matter be considered at the next North Central London (NCL) review meeting.</p>
<p>OSCO144.</p>	<p>INTEGRATED CARE ORGANISATION (ICO)</p> <p>The Committee received the Integrated Care Organisation (ICO) presentation on improving care for local people through integrated hospital and community care, presented by Rob Larkman (Chief Executive – Whittington Hospital).</p> <p>The project incorporated transforming community services to the new Whittington Health integrated care organisation (at the Whittington Hospital).</p> <p>Members of the Committee supported the initiative and recognised that it would save money and provide better services to and communication with patients.</p> <p>In response to Committee Members urging health colleagues to ensure a better joining up of services it was noted that there was a history of good joined-up working in social and health care between the NHS, Islington and Haringey. GPs and local authority services would be at the heart of the ICO and there was some flexibility in the way each borough provided services.</p> <p>Concerns were raised that residents in the east of the borough could be disadvantaged due to the location of the Whittington Hospital in the west of the borough. In response it was noted that the ICO service would enable strengthened community based services including more work with North Middlesex Hospital, GPs and the establishment of new care pathways between hospitals and community settings..</p>

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	<p>Haringey's Health and Well-Being Board would have a role in strategic commissioning. At this point GPs were being consulted as providers but eventually GPs will be expected to attend the Health and Well-Being Board meetings. NHS Officers recognised that GP practices had different needs and the ICO project would work with practices individually.</p> <p>In response to concerns raised about the reduction in Patient Advice and Liaison Services (PALS) it was noted that PALS services within an acute trust would continue in much the same way. The PALS resources within the PCT would be combined into a new sector wide service.</p> <p>In response to questioning it was noted that the ICO would still offer patient choice on where they received care.</p> <p>The Committee asked for more detail on how the "virtual wards" worked and noted that this was a pro-active approach to reviewing cases with the most complex needs in order to commission care in the home and prevent admission to hospital.</p> <p>The Committee raised the issue of using IT systems to share information between services. It was noted that some services used different systems and that if it was not possible for services to share the same IT system then a web-based system could be an option.</p> <p>The Committee requested a report in March/April 2011 updating on the ICO project.</p> <p>The Committee noted that further to its visit to the Laurels Health Centre in November 2010 an action plan was in place to deal with the issues highlighted. The Committee thanked NHS Staff and it was suggested that a further visit to the facility took place in the New Year.</p> <p>RESOLVED that the presentation be noted.</p> <p>The meeting ended at 12:50 hrs.</p>	
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COUNCILLOR GIDEON BULL

Chair

SIGNED AT MEETING.....DAY

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CHAIR.....