

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
WEDNESDAY, 16 MARCH 2011**

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

Apologies Yvonne Denny (Church Representative), Sarah Marsh (Parent Governor)

Also Present: **Co-optees:** Helena Kania (Local Involvement Network (LINK))
Councillors: Bevan, Brabazon and Stanton
Officers: Jeanelle De Gruchy (Joint Director of Public Health), Helena Pugh (LBH Head of Policy), Liz Marnham (LBH Policy Officer)
Also Attending: Duncan Stroud (NHS Associate Director - Communications, Stakeholder Engagement and Partnerships), Ian Wilson (Chief Executive – Whittington Hospital), Pauline Taylor (NHS - Head of Medicines Management), 18 members of the public and press.

MINUTE NO.	SUBJECT/DECISION
OSCO201.	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Yvonne Denny (Co-optee), Sarah March (Co-optee), Rachel Hughes and Lainya Offside-Keivani (Bridge Renewal Trust).</p> <p>An apology for lateness was received from Councillor Joseph Ejiofor.</p>
OSCO202.	<p>URGENT BUSINESS</p> <p>There was no urgent business.</p>
OSCO203.	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>
OSCO204.	<p>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</p> <p>The Committee received the deputation by Dave King on behalf of the Better Local Healthcare Campaign (BLHC) opposing the Health and Social Care Bill, including:</p> <ul style="list-style-type: none"> • Concerns that the bill would lead to further privatisation of health services and divert resources from patients to profits and increased competition would result in poorer quality care. • Doctor-Patient relationships will be affected. • Concerns about the financial costs and local expertise lost during implementation of the bill. • Lack of public accountability of the GP consortia. • Concerns that health inequalities would occur. <p>RESOLVED to note the deputation.</p>

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OSCO205. GP CONSORTIA

The Committee received the briefing (Pages 1 & 3 of the agenda pack) and welcomed Dr Helen Pelentrides who updated the Committee on Haringey's GP consortium. The Committee noted that after a series of GP and practice staff meetings since September 2010 it had been agreed that the four GP collaboratives in Haringey would join and apply for the Pathfinder programme, which would provide the training and support necessary for the consortium to achieve fully accountable status from 2013. The consortium's first Pathfinder bid had been rejected and was resubmitted in February 2011 and the result was expected in April 2011.

In response to the Committee's concerns and questions the following was noted:

- At present the Consortium was not directly involved in commissioning clinical services. A small team of 3 clinicians were leading and, whilst much of their time was taken up by the project, the majority of GPs were not yet directly involved.
- An estimated £440 million was expected by the Consortium in 2013 for commissioning of services. Regular meetings between the LA and the NHS were being held to discuss how services would be commissioned.
- No private services had applied to take over the commissioning of any services and all transactions would be open and transparent.
- St Ann's and Lordship Lane sites as well as the Hornsey Health Centre would be utilised for services. A Committee Member also recommended that, where possible, spaces in Council buildings should be used.
- Research suggested that a consortia should cover 500,000 residents for it to be viable but a consortia covering 32,000 residents had recently been approved.
- The Consortia would have an obligation to remain within its budget allocation and savings would be realised by implementing better ways of working and more efficient clinical contracts.

Members of the public in attendance expressed concerns that there would be less public accountability with the GP Consortia and it was noted that the Director of the Consortia was likely to be the future point of contact for the Overview & Scrutiny Committee.

In response to the suggestion that not all GPs wanted the responsibility of commissioning care, Dr Pelentrides accepted this but emphasised that there was 100% commitment by GPs to the Consortia. If local practitioners did not take on the role outside bodies would be brought-in to conduct the commissioning for Haringey.

The Committee requested quarterly updates from the GP Consortia particularly in relation to organisational issues, commissioning contracts and performance. (Action No. 205.1).

RESOLVED to note the update on GP Consortia.

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OSCO206.	<p>NHS HARINGEY - LOCAL PRESENCE</p> <p>The Committee received the briefing and local organisational chart (Pages 5 and 7 of the agenda pack), introduced by Ian Wilson (Chief Executive – Whittington Hospital). Mr Wilson explained that due to financial pressures the 31 Primary Care Trusts (PCTs) had been merged into 6 London cluster groups.</p> <p>Haringey was to be merged into a cluster with Barnet, Enfield, Haringey, Camden and Islington. Most services would be centralised and based at Stephenson House in Euston and each borough would have a local presence as shown for Haringey in the diagram on Page 7 of the agenda pack, which was planned for implementation on 1st April 2011. Mr Wilson acknowledged the Committee's concerns that local knowledge would be lost and reported that the NHS Haringey Borough Director would experienced in quickly learning about local areas. NHS staff were recording what they were working on so that effective handover notes would be available to new staff. Some PCT/ NHS staff would remain in the Borough as would some functions including support to the GP Consortia and local community services such as children, adult, mental health and dental services and health education.</p> <p>The Committee noted that buildings currently leased by the PCT would be transferred to the providers who will take over the services but would remain in the name of Haringey. PCT powers would be transferred to a Structure Sector Board, which would include Haringey-specific non executives.</p> <p>The new Chief Executive of the Whittington Hospital, Yi Mien Koh, would be invited to the next health Overview & Scrutiny Committee to discuss community health issues and how homogeneity of service across the Borough would be ensured (Action No. 206.5).</p> <p>RESOLVED to note the briefing.</p>
OSCO207.	<p>THE LAURELS</p> <p>The Committee received the action plan (page 9 of the agenda pack) arising from the Committee's visit to the Laurels, presented by Duncan Stroud and Pauline Taylor (NHS Haringey).</p> <p>A resident expressed concern that the Council and the PCT were paying rent to Circle 33 for the Laurels which was still in a poor state. Councillor Bevan also expressed his concern at the level at which the building was being maintained. NHS Officers explained that the refurbishment (due to be completed in the next fortnight) and mystery shops were working towards the improvement of the Laurels. The pressure on the Laurels was reflected in the queues of people waiting to be seen and the potential longer term use of St Ann's site was recognised.</p> <p>In response to the suggestion that St Ann's be utilised instead of investing more money into the Laurels Ian Wilson (Chief Executive – Whittington Hospital) highlighted that the PCT was tied into a lease with Circle 33. Mr Wilson</p>

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explained that the PCT was working with the Mental Health Trust (MHT) to devise a master-plan for the St Ann's site including the possibility of selling a section of the site to raise funds to invest into the area and place specific services on the site. The possibility of building more primary care facilities on the land opposite the Laurels would also be considered. Appropriate consultation on the master-plan would take place.

The Committee would send a letter to the Chief Executive of the Mental Health Trust (MHT) recommending that a Steering Group be established, including local residents and councillors to assist with the development of the MHT master-plan. (Action No. 207.1).

The Committee requested a briefing note on why phlebotomy (blood testing) services in the Borough could not be expanded including why there was a limit of only 40 people being tested at the Laurels in the morning and the reasons this could not be increased (Action No. 207.2).

It was agreed that an unannounced visit to the Laurels would be arranged for Members of the Committee in order to monitor progress (Action No. 207.3).

In response to questioning NHS Officers informed the Committee that:

- The Bridge Renewal Trust's initial application for a licence to open a pharmacy at the Laurels was originally turned down.
- A subsequent application for a pharmacy at the Laurels to be open for 100 hours met the exemption criteria and was accepted on the understanding that the Bridge Renewal Trust would provide any of 5 additional services if required. There were currently no gaps in the provision of these services and therefore the PCT would not be requiring the pharmacy to provide additional services.
- In response to the Committee's concerns that the pharmacy could potentially include supervised methadone administration, it was noted that the PCT would not be requiring the pharmacy to provide supervised consumption of methadone or needle exchange services.
- The PCT did not take decisions based on the financial viability of a business when assessing an application but did assess that up to 13 pharmacies in the area would be affected but would not be taken below the threshold of prescriptions that would make a pharmacy an unviable business.
- In response to Committee Members' and Councillor Brabazon's concerns that the proposal would have a negative social impact on the area and on other local businesses, Ms Taylor stated that she was not aware of any evidence that the opening of a pharmacy in an area was associated with an increase in crime or antisocial behaviour.

Clerks note: 18:25 hrs Councillor Ejiofor joined the meeting.

Committee Members were disappointed that Bridge Renewal Trust representatives were not at the meeting. The Committee would send a letter to the Chief Executive of the Bridge Renewal Trust requesting information on how the service spends the public money allocated to it, what community projects it was currently supporting, how establishing a pharmacy fits in with its business objectives and how it expects to make a profit (Action No. 207.4).

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	<p>RESOLVED to note the briefing.</p>
<p>OSCO208.</p>	<p>NHS HARINGEY FINANCE AND SAVINGS PROGRAMME</p> <p>The Committee received the update on the NHS Haringey Finance and Savings Programme, introduced by Duncan Stroud (NHS Haringey) and Ian Wilson (Chief Executive - Whittington Hospital). It was noted that NHS Haringey received £28 million from the NHS Trust Board to cover its deficit, which meant that the budget was balanced at the end of the year. GPs would have responsibility of managing the budget next year with support from the NHS.</p> <p>In response to questions from the Committee it was noted that the few savings proposals which had been rejected had not been replaced by alternative cuts and the deficit for next year would be approximately £8 million. Mr Wilson recognised the Committee's concerns that some savings would have a disproportionate impact on disadvantaged groups in the community and would result in increased health costs in the longer term but emphasised that the money was not currently available and the cuts had to be made.</p> <p>A member of the public raised concern that there would be a lack of computerised records of the costs of unscheduled care when functions were transferred to the North Central London cluster. Mr Wilson explained that new urgent care centres at North Middlesex and the Whittington hospitals would maintain computerised records of these services, which would cost £1 million at both sites. There were attempts to scale back on acute care spending by negotiating contracts. In response to questioning from the Committee Mr Wilson reported that there would be an £8 million deficit next year if the services highlighted in red on the savings schemes list were not cut.</p> <p>In response to the Committee's concerns it was reported that the GP Consortium and sector organisations will monitor that GPs were providing the services in their contracts.</p> <p>That the Chair write to the Chief Executive of NHS North Central London requesting information on a quarterly basis on the specific services that GPs are currently commissioned (via their contract) to undertake and performance levels (Action No. 208).</p> <p>RESOLVED to note the report and thank colleagues at the Primary Care Trust for regularly attending Overview & Scrutiny Committees.</p>
<p>OSCO209.</p>	<p>RESPONDING TO THE NHS AND PUBLIC HEALTH WHITE PAPERS - PRE-DECISION SCRUTINY</p> <p>The Committee received the briefing and Powerpoint presentation on Haringey's response to the changes set out in the NHS White Papers, introduced by Jeanelle De Gruchy, Director of Public Health.</p> <p>Ms De Gruchy recognised the Committee's concerns about the lack of clarity of funding for public health and highlighted that consultation was taking place around the Public Health Outcomes Framework. The Chair would write to the</p>

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	<p>Joint Director of Public Health emphasising the Committee's long-standing concerns about health inequalities and funding for health services and the Borough's particularly deprived areas (Action 209.2).</p> <p>The Chair would circulate the Council's Constitution amendment relevant to Health Scrutiny (Action 209.3).</p> <p>RESOLVED to note the briefing and presentation.</p>
OSCO210.	<p>FUTURE MEETINGS</p> <p>The Committee noted the dates of future meetings.</p> <p>The meeting ended at 20:35 hrs.</p>

COUNCILLOR GIDEON BULL

Chair

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....