



**Haringey** Council

**Overview and Scrutiny Committee                      On    15 March 2010**

Report Title: Setting up of Joint Health Overview and Scrutiny Committee to Consider North Central London Service and Organisation Review

Report of: Chair of Overview and Scrutiny Committee

Contact Officer : Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921

Wards(s) affected: All

Report for: **N/A**

**1. Purpose of the report (That is, the decision required)**

- 1.1 To agree, in principle, to the setting up of a joint health overview and scrutiny committee with the London Boroughs of Barnet, Camden, Enfield and Islington to jointly engage with the NHS on the North Central London Service and Organisation Review and to respond, in due course, to the formal consultation thereon.

**2. Introduction by Cabinet Member (if necessary)**

2.1. N/A

**3. State link(s) with Council Plan Priorities and actions and/or other Strategies:**

3.1. N/A

**4. Recommendations:**

- 4.1. That the Committee agrees to the setting up of a joint health scrutiny overview and scrutiny committee with the London Boroughs of Barnet, Camden, Islington and Enfield under the powers conferred by chapter 3 of the National Health Service Act 2006 and associated regulations to engage with the NHS on the North Central London Service and Organisation Review and respond, in due course, to the forthcoming formal consultation exercise thereon.

- 4.2. That the Committee recommend to Council that the terms of reference for the joint

health overview and scrutiny committee be approved that that political proportionality be waived.

4.3. That a further report inviting nominations to the JHOSC be submitted to the first meeting of the Committee of the new Municipal Year.

4.4. That officers be authorised to continue negotiations with other participating local authorities on the constitutional arrangements for the joint committee and associated matters and report back

## **5. Reason for recommendation(s)**

5.1. Included within the body of the report.

## **6. Other options considered**

6.1. Included within the body of the report.

## **7. Summary**

7.1 A major review of acute services in the north central sector of London is being undertaken by the NHS. This will involve significant changes to local hospital services and how they are configured. A full public consultation exercise is scheduled to be undertaken in the autumn. Local overview and scrutiny committees will need to be consulted as part of this process. Health scrutiny committees can voluntarily agree to join together to carry out health scrutiny reviews or consider health issues that cross boundaries. In addition, where NHS bodies are required to consult with more than one overview and scrutiny committee on proposals for substantial variations or developments to local health services, the relevant local authorities are statutorily required to set up a joint scrutiny committee to respond.

7.2 Overview and Scrutiny Members across the five boroughs have indicated their wish to set up a joint committee to engage with the NHS prior to the formal consultation in order to consider any collective issues. It is intended that the work of this body will supplement engagement by individual OSCs with the NHS prior to the formal consultation process. Once formal proposals are developed, the joint committee will take on a statutory role in responding formally to them on behalf of the OSCs of the local authorities most affected.

## **8. Chief Financial Officer Comments**

8.1 The Chief Financial Officer has been consulted on the proposal and recommendations and would like to highlight that the creation & operation of the proposed joint committee could lead to additional as yet unfunded costs for the Council.

8.2 The meetings will be held and clerked at each authority in rotation and these costs should be able to be contained within existing budgets however, there may be some additional one off costs such as use of external advice or report writing which will need to be met by the 5 authorities. At this stage it is not possible to quantify the likely level of these costs but it is recommended that a discussion on likely costs is held at an early meeting of the Committee so that consensus on an approved budget can be agreed and funding identified.

## **9. Head of Legal Services Comments**

9.1. The statutory provisions relating to the establishment of the Joint Health Overview and Scrutiny Committee are explained in the body of this report. The terms of reference and membership of this Joint Committee must be agreed by the full Council. Full Council would need to agree the waiver of the political proportionality rules without any Member voting against this proposal.

## **10. Head of Procurement Comments – [ Required for Procurement Committee]**

10.1. N/A

## **11. Equalities & Community Cohesion Comments**

11.1. The joint committee will need to consider whether the proposals by the NHS are likely to adversely affect specific communities and, in particular, the adequacy of the equalities impact assessment.

## **12. Consultation**

12.1. There are specific obligations on the NHS to engage and consult with patients and the public. A key part of the joint committees work will be to consider the NHS's plans for this. In addition, the joint committee will also seek to engage with a wide range of stakeholders, including organisations representing the patients and public.

### **13. Service Financial Comments**

13.1. There are likely to be some cost implications arising from the joint committee but it is not possible to quantify the size of these at this stage. The practice is normally that any costs arising are shared between the participating local authorities. The size of the costs will depend on the level of support that Members of the joint committee decide would be appropriate in order to ensure that they are able to respond effectively to the review. This would include the need for any external independent advice that it is felt is required in order to facilitate effective challenge. The need for this will need to be balanced by the resources that each of the local authorities have to fund such commitments.

### **14. Use of appendices/tables and photographs**

14.1. None

### **15. Local Government (Access to Information) Act 1985**

15.1. Background papers are as follows:

### **16. Report**

#### *Background*

16.1 NHS London have asked each of the commissioning sectors across the capital to review acute (hospital) provision within their areas. The drivers behind this are both clinical and financial. Haringey is in the north central sector (NC) together with Barnet, Enfield, Camden and Islington. The review for NC London is being led by Rachel Tyndall, the Chief Executive of both Islington PCT and the commissioning agency for the sector.

16.2 The view of NHS London is that acute services in London do not yet measure up to the vision within *Healthcare for London*. This aims to offer more care provided closer to home but with some specialist services being centralised, where necessary, to give higher quality and dedicated care. Hospitals are facing the twin challenges of some services being moved out of them into the community (e.g. x rays, physiotherapy) whilst other services are concentrated into larger, specialised centres (e.g. acute stroke, major trauma). In addition, they will face further future pressure on their finances as a result of the moves by PCTs to reduce unnecessary A&E attendances.

16.3 There is likely to be an increase in demand for health services in the next few years that will be accompanied by a possible decrease in funding allocated to the NHS by the government. This will result in a significant funding gap. The funding gap for NC London has been estimated as likely to be approximately £560m by 2016/17.

16.4 As part of the review, options for the configuration of the five hospital sites in the NC

sector are currently being developed. The model that has developed recommends that there be the following:

- Two major acute hospital sites, one in the north of the sector and one in the south
- A multi-specialist acute provider from where highly specialist and tertiary services will be delivered
- Rationalisation of specialist services (e.g. cardiac, neurosurgery) across the Royal Free and UCLH and development of networked services for surrounding areas
- A maximum of two local hospitals – two variants under consideration

16.5 This model provides various possible potential permutations, which are currently being considered by the NHS. Specific options will be developed for consideration as part of the formal consultation exercise. However, it has also already been agreed that viable options:

- Must reflect known public concerns about reasonable geographic distribution
- Must be clinically safe and fit within the context of Healthcare for London and the BEH Clinical Strategy (Chase Farm has been left out for this reason)
- Must fit within the physical constraints of the existing property portfolio

#### *Joint Health Overview and Scrutiny Committee (JHOSC)*

16.6 Although the formal consultation process is not due to take place until the autumn, the Chairs of health scrutiny committees across the five boroughs have agreed to set up a JHOSC now in order to engage with the NHS on the review. At this stage, it is proposed to obtain approval for the outline arrangements for the JHOSC and the terms of reference in order to minimise any delay that may occur as a result of the local government elections. Further detailed consideration can be undertaken of the arrangements following the elections, at the first meeting of the JHOSC.

16.7 There are two specific types of JHOSC:

- Discretionary - Health OSCs can voluntarily agree to join together to carry out health scrutiny reviews or consider health issues that cross boundaries.
- Statutory - Health OSCs are required to establish a JHOSC to consider and respond to proposals for developments or variations that affect more than one local authority area and that are considered “substantial” by the health OSCs for the areas affected.

16.8 As there are not, as yet, specific proposals to respond to, the JHOSC will operate as a discretionary joint committee in the first instance and engage with the NHS on cross borough issues relating to the review. It is intended that this will complement the work of individual OSCs, who will engage with their local PCTs on detailed plans for their area.

16.9 The proposals that will be put out to public consultation in due course will undoubtedly constitute a “substantial variation” to services across the five Boroughs, as well as possibly some neighbouring local authorities. This is due to the effect that they will potentially have on the accessibility of services, the way that services are provided and the number of patients affected. Directions issued by the Secretary

of State in July 2003 require that 'where a local NHS body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:

a). make comments on the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations;

(b). require the local NHS body to provide information about the proposal under regulation 5 of the Regulations; and

(c). require an officer of the local NHS body to attend before it under regulation 6 of the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.'

16.10 The JHOSC will therefore assume a statutory role when proposals are finalised. It will be required to respond to the consultation through the production of a report that reflects the views of all local authorities involved in the joint committee and aims to be consensual.

#### *Terms of Reference*

16.11 The terms of reference for the joint committee are proposed as follows:

"To scrutinise and respond to stakeholder engagement, the consultation process and final decision in respect of the North Central London Service and Organisation Review in the light of what is in the best interests of the delivery of a spectrum of health services across the area of Barnet, Camden, Enfield, Haringey and Islington, taking account of:

- The adequacy of the consultation being carried out by the health bodies including the extent to which patients and the public have been consulted and their views have been taken into account
- The impact on the residents of those areas of the reconfiguration proposals, as set out in the consultation document
- To assess whether the proposals will deliver sustainable service improvement
- To assess whether the proposed changes address existing health care inequalities and not lead to other inequalities
- The impact on patients and carers of the different options, and if appropriate, which option should be taken forward
- How the patient and carer experience and outcomes and their health and well-being can be maximised whichever option is selected
- Whether to use the joint powers of the local authorities to refer either the consultation or final decision in respect of the North Central London Service and

## Organisation Review to the Secretary of State for Health.

1. The joint committee will initially operate as a discretionary joint committee and consider any cross borough issues impacting on all participating local authorities and complement the work of individual health scrutiny committees in considering any detailed plans relating to their area. Once specific reconfiguration proposals have been developed fully by local NHS bodies, the joint committee will assume the functions of a statutory joint health overview and scrutiny committee, in accordance with section 245 of the National Health Service Act 2006 and associated regulations and guidance, and respond formally to the proposals on behalf of all of the health scrutiny committees of the local authorities participating.
2. The joint committee will work independently of both the Executive and health scrutiny committees of its parent authorities, although evidence collected by individual health scrutiny committees may be submitted as evidence to the joint committee and considered at its discretion.
3. To maintain impartiality, during the period of its operation Members of the Joint Committee will refrain from association with any campaigns either in favour or against any of the reconfiguration proposals. This will not preclude the Executives or other individual members of each authority from participating in such activities.
4. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.”

### *Composition of Joint Committee*

16.12 It is proposed that representation be two Members per local authority plus a deputy. It is also proposed that nomination of Members to the JHOSC be dealt with at the first meeting of the Overview and Scrutiny Committee after the local government elections.

16.13 Under the Local Government Act 2000, overview and scrutiny committees must generally reflect the political make up of the full council. Exact compliance with this could entail having a large and unwieldy membership which could hinder the effectiveness of the joint scrutiny committee. However, the Local Government and Housing Act 1989 enables local authorities to waive the political balance requirements if all elected councillors within that authority agree that it need not apply. In respect of a joint committee, the political balance requirement applies for each participating authority unless Members of *all* authorities agree to waive that requirement. In principle agreement to do this could enable a smaller and less unwieldy membership to be negotiated with other authorities. The power to nominate Members to the joint scrutiny committee would still be retained by the Overview and Scrutiny Committee but the political proportionality of representation would be a matter of choice rather than a necessity.

### *Quorum and Voting*

16.14 It is suggested that the quorum be one Member from each of the participating authorities. In the event of a meeting being inquorate, it could still proceed on an informal basis if the purpose of the meeting was merely to gather evidence. However, any decision making would be precluded.

16.15 Due to the need for the final report to reflect the views of all authorities involved in

the process, one vote per authority would appear to be more appropriate than individual Members each being given a vote. It is nevertheless to be emphasised that decisions by the joint committee should, wherever, possible be reached by consensus.

### *Co-options*

16.16 Opportunities for co-options that are currently available to OSCs would also be available to the joint committee. It may therefore be possible, subject to the agreement of the joint scrutiny committee, to co-opt a suitable person. Such a person would need to have specific expertise and/or knowledge of the issues in question.

### *Frequency and location of meetings*

16.17 It is proposed that the meetings rotate between the participating authorities for reasons of equity and access.

### *Writing the Final Report*

16.18 Drafting the joint committee's report may be challenging due to the separate interests of the participating authorities. Some previous joint scrutiny committees have employed an independent consultant to provide an independent analysis of evidence and write the final report. There may also be particular value in appointing an independent consultant to act as a facilitator in developing a consensus on final conclusions and recommendations. Should the joint scrutiny committee wish to pursue similar options, resources would need to be found and a suitable consultant identified and agreed upon.

### *Administration*

16.19 It is proposed that the authorities share clerking responsibilities between them, with the Borough hosting a particular meeting also providing the clerk.

### *Policy and Research Support and Legal Advice to the Joint Committee*

16.20 It is proposed that this will be jointly provided by all of the participating authorities. Each authority will support its own representatives whilst advice and guidance to the joint scrutiny committee will be provided, as required, through liaison between relevant authorities.

16.21 Consideration could be given by the JHOSC, in due course, to the provision of external independent advice and guidance, should it be felt necessary. This could be of benefit if it enables the joint committee to more effectively challenge the NHS and may be of particular assistance in addressing issues of a more technical nature, where lack of specific knowledge could put the joint committee at a disadvantage.

### *Servicing costs*

16.22 There could be costs associated with carrying out this exercise for which no additional resources have been made available as yet. However, it is essential that these costs are met and suitable resources will need to be identified. The costs will



be split between the participating authorities.