



Haringey Council

Overview and Scrutiny Committee

On 5th July 2010

Report Title: Joint Health Overview and Scrutiny Committee to Consider the North Central London Service and Organisation Review – Appointment of Representatives

Report of: Chair of Overview and Scrutiny Committee

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Wards(s) affected: All

Report for: **N/A**

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

1.1 To appoint two Members of the Committee plus a deputy to the Joint Committee to consider the North Central London Service and Organisation Review.

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 nominates two Members of the Committee plus one deputy as the Borough's representatives on the Joint Committee

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. To this end, terms of reference for the Joint Committee were approved by Council on 22 March, following recommendation by the Committee at its meeting on 15 March.
- 7.3 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.

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 In addition, consideration is also being given to in-patient mental health provision.
- 16.6 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
- 16.7 The review has attracted a large amount of publicity with specific concerns raised about the possible consequences for the Whittington Hospital as some of the

options that were being considered involved the loss or downgrading of certain services there. In response to this, indications were given by the Health Secretary that options that involved the reduction of A&E or maternity services at the hospital would not likely to be acceptable and that NHS London would be asked to review the process.

16.8 However, the clinical and financial factors that originally determined the need for the review remain. In particular, it was the view of the NHS that the review process enabled the financial challenges to be addressed in a planned way, which had the capacity to deliver better outcomes for residents than an unplanned process would. There is currently no indication from the NHS whether the review will be progressing as planned.

Joint Health Overview and Scrutiny Committee (JHOSC)

16.9 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 previously agreed to set up a JHOSC now in order to engage with the NHS on the review. Outline arrangements for the JHOSC and the terms of reference have already been approved in order to minimise any delay that could have occurred as a result of the local government elections. Further detailed consideration can be undertaken of the arrangements, at the first meeting of the JHOSC.

16.10 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.

16.11 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.

16.12 The proposals that may 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.'

16.13 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.