



Haringey Council

Agenda item:

[No.]

Overview and Scrutiny Committee On 6 December 2010

Report Title: Joint Health Overview and Scrutiny Committee to Consider North Central London Service and Organisation Review – Amendments to Terms of Reference

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 to amendments to the previously agreed terms of reference for the Joint Health Overview and Scrutiny Committee that was set up to engage with the NHS on 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 recommend to Council that the terms of reference for the joint health overview and scrutiny committee be amended to take on the role outlined within the report.

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 Last year, the NHS in north central London sector set up a major review of acute services which involved significant changes to local hospital services. A full public consultation exercise was scheduled to be undertaken in the autumn 2010. In preparation for this, a joint health overview and scrutiny committee was set up by the five boroughs concerned. The Council approved terms of reference for the committee, which were specifically focussed upon responding to this consultation.
- 7.2 The review process has now been suspended in the light of a change of policy by the new government. However, further work is being undertaken on the commissioning of a number of services. These are being progressed in line with the new government's priorities, which have included a commitment to end what are referred to as "top down" reconfigurations and to shift commissioning responsibilities to GPs.
- 7.3 NHS North Central London has been established formally and is taking on a more significant role than was originally envisaged for it. A significant number of key commissioning decisions will now be taken at this level rather than by individual PCTs. Where proposals are developed that involve substantial change to services across the sector, there will be a statutory duty for each of the boroughs to set up a JHOSC. In addition, NHS North Central London now has a key strategic role as the transitional body responsible for facilitating the switch to GP commissioning.
- 7.4 The JHOSC met informally on 2 August and agreed to recommend that its terms of reference be amended by participating Council's so that it can assume a standing role to consider any sector wide proposals that involve significant changes to services. This would remove the need to set up a new JHOSC every time a new set of such proposals are made. In addition, the JHOSC would undertake a strategic role in scrutinising sector wide issues through regular engagement with NHS North Central London.

8. Chief Financial Officer Comments

- 8.1 The recommendation to amend the terms of reference for the JHOSC to enable it to assume a standing role is a sensible approach and is more efficient in terms of process.
- 8.2 As outlined in paragraph 13.00 at this stage it isn't possible to assess the likelihood of costs or the value however, given the nature of the group, any eventual costs are not likely to be prohibitive, will be shared across the 5 boroughs and should be assessed and agreed before commissioning services.

9. Head of Legal Services Comments

9.1. Entering into, or varying, arrangements made with other Boroughs to establish joint scrutiny bodies must be agreed by the full Council. The Council can agree to delegate the appointment of Haringey's representatives on the JHOSC to the Overview and Scrutiny Committee.

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 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 committee's 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. It is possible that there will be some cost implications arising from the joint committee but it is not possible to quantify the size of these at this stage. It will be dependent on the nature of any proposals that may arise from the NHS in respect of the reconfiguration of sector wide health services and whether Members feel that they require additional independent expert advice to challenge these effectively.

13.2. 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. However, economies of scale will be made through there being a single sector wide scrutiny body to consider these issues.

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:

Revision to the NHS Operating Framework 2010/11

16. Report

Background

16.1 In 2009, NHS London asked each of the commissioning sectors across the capital to review acute (hospital) provision within their areas. The drivers behind this were both clinical and financial. Haringey is in the north central sector (NC) together with Barnet, Enfield, Camden and Islington. The view of NHS London was that acute services in London did not measure up to the vision within *Healthcare for London*, which aimed to offer more care provided closer to home but with some specialist services being centralised to give higher quality and dedicated care. It was also felt that there was likely to be an increase in demand for health services in the next few years that was unlikely to be matched by similar increases in NHS funding, which would result in a significant funding gap. The funding gap for NC London was estimated as likely to be approximately £560m by 2016/17.

16.2 It was originally envisaged that, following the development of detailed reconfiguration options, a formal public consultation would need to take place in autumn 2010. Such proposals would undoubtedly have constituted a “substantial variation” to health services across the sector. As the proposals would have affected all the boroughs in the sector, there would have been a statutory obligation to set up a joint health overview and scrutiny committee (JHOSC) to consider the proposals and respond accordingly.

16.3 In the light of the public concern that the review process generated, the Chairs of the overview and scrutiny committees within the sector were of the view that committee that the JHOSC should be set up in advance of any public consultation in order to engage proactively with NHS North Central London. It was therefore agreed that each Council would approve the terms of reference before the local government elections in order that the JHOSC would be able to begin its work in a timely manner.

16.4 The following terms of reference for the JHOSC were approved by Council on 22 March:

“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.”*

16.5 Appointments to the JHOSC were made by each of the constituent boroughs shortly after the election. However, the Review process was suspended in the light of a change of policy by the new coalition government. Further work is nevertheless being undertaken in line with the new government’s priorities for the NHS, which have included a commitment to end what are referred to as “top down” reconfigurations and to shift commissioning responsibilities to GPs. In order to enable the NHS to meet the clinical and financial challenges that it faces, service initiatives other than major reconfiguration are in the process of being identified.

16.6 NHS North Central London has now been established formally and appears to be taking on a more significant role than was originally envisaged for it when it was set up as a sector wide commissioning agency. It now has two main functions;

- The five PCTs in the area have allocated their acute sector budgets of £1.6 billion to the sector for them to commission hospital services. They have also been allocated a range of functions by the Strategic Health Authority relating to the planning and performance management of the acute sector and primary care.
- The sector will be the transitional body for GP commissioning and will be in existence until the PCTs and the SHA were abolished and the system was ready for GP commissioning to start.

16.7 A significant number of key commissioning and other decisions are likely to be taken at sector level rather than by individual PCTs. An informal meeting of the JHOSC took place on 2 August to receive an update on progress from NHS North Central London and consider a response to the changing circumstances. The JHOSC agreed to recommend to broaden the scope of the JHOSC so that it has a standing role (on an “as and when” basis) in considering any sector wide proposals that involve significant change to services that affect patients and the public across the boroughs. This would also include specialised commissioning where services are organised across the five boroughs and, whilst the number of patients in each borough may be small, the aggregate total is significant. This will remove the need to set up a fresh JHOSC on every occasion and therefore reduce the administrative

burden. It could also enable proposals to be scrutinised which would probably not otherwise have been looked at in detail. In addition, the JHOSC also agreed to recommend that it also take on a strategic role in scrutinising sector wide issues through regular engagement with NHS North Central London.

16.8 This will entail amendments to the previously agreed terms of reference. It is recommended that they be amended as follows:

“1. To engage with NHS North Central London on strategic sector wide issues in respect of the commissioning of health services across the area of Barnet, Camden, Enfield, Haringey and Islington; and

2. To scrutinise and respond to stakeholder engagement, the consultation process and final decision in respect of any sector wide proposals for reconfiguration of specific services in the light of what is in the best interests of the delivery of a spectrum of health services across the area of, 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 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.

2. 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.

3. 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.”

- 16.9 The ongoing support required for the JHOSC will be provided jointly 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.
- 16.10 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.
- 16.11 It is possible that there could be costs associated with carrying out some of this work. The need for this will depend on the nature of any reconfiguration proposals that they emerge in due course as well as whether it is considered that any additional support is required to enable the JHOSC to effectively challenge the NHS on specific issues.