


Report for:	Overview and Scrutiny Committee; 23 July 2012	Item number	
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Title:	North Central London Standing Joint Health Overview and Scrutiny Committee – Appointment of Haringey Representative
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Report authorised by :	Chair of Overview and Scrutiny Committee
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Lead Officer:	 Robert Mack, Senior Policy Officer 020 9489 2921 rob.mack@haringey.gov.uk
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Ward(s) affected: ALL	Report for Key/Non Key Decision:
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1. Describe the issue under consideration

The Committee is requested to consider the appointment of two representatives to sit on the North Central London Joint Health Overview and Scrutiny Committee.

2. Cabinet Member Introduction

N.A.

3. Recommendations

1. That the Committee appoint two representatives to the North Central

London Joint Health Overview and Scrutiny Committee (JHOSC) for the forthcoming municipal year.

2. That a further report be submitted to the Committee in due course regarding the future of the JHOSC.

4. Other options considered

N/A

5. Background information

Haringey's Overview and Scrutiny Committee is entitled to appoint two representatives to the standing joint health overview and scrutiny committee for north central London. Following recent changes in the membership and structure of the Overview and Scrutiny Committee and, in particular, the establishment of an Adults and Health Scrutiny Panel consideration needs to be given to the Committee's representation.

6. Comments of the Chief Financial Officer and Financial Implications

There are no direct financial implications associated with the recommendations contained within this report.

7. Head of Legal Services and Legal Implications

There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

9. Local Government (Access to Information) Act 1985

None.

10. Report

In 2009, NHS London asked each of the NHS commissioning clusters across the capital to review hospital provision within their areas. The drivers behind this were both clinical and financial. 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 clear that there was likely to be an increase in demand for health services in the next few years that was not matched by similar increases in NHS funding, which would result in a significant funding gap if not addressed effectively. Haringey is in the north central cluster of primary care trusts together with Barnet, Enfield, Camden and Islington. The funding gap for NC London was estimated as likely to be approximately £560m by 2016/17.

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.

In the light of the considerable public concern that the review process generated, the Chairs of the overview and scrutiny committees within the cluster were of the view that a JHOSC should be set up in advance of any public consultation in order to engage proactively with NHS North Central London, who were leading the exercise on behalf of the NHS. 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.

This was duly undertaken, with Haringey’s Council approving the terms of reference on 22 March 2010. Council also agreed to delegate appointment of the borough’s representatives to the Overview and Scrutiny Committee. This was to facilitate a quick appointment following the local government elections so that the work of the JHOSC could begin without delay.

Appointments to the JHOSC were duly made by each of the constituent boroughs shortly after the election. Haringey appointed Councillors Bull and Winskill. However, the review process was suspended by the cluster in the light of a change of policy by the new government. Further work was nevertheless undertaken in line with the new government’s priorities for the NHS, which included a commitment to end what was 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 faced, service initiatives other than major reconfiguration were instead identified.

NHS North Central London had originally been established as a cluster wide commissioning agency by local PCTs. Following the publication of the government’s proposals in Health and Social Care White Paper, it became established formally and took on a more significant role than was originally envisaged.

NHS North Central London assumed two main functions;

- The five PCTs allocated their acute sector budgets of £1.6 billion to the sector for them to commission hospital services. They were also 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 cluster organisation became the transitional body for GP commissioning. It will be in existence until the PCTs and the SHA are abolished and the system is ready for GP commissioning to start.

Overview and Scrutiny Members that had been appointed to the JHOSC from the five boroughs recognised that significant numbers of key commissioning and other

decisions were now likely to be taken at cluster level rather than by individual PCTs. This was likely to increase in the period leading up to the implementation of the Health and Social Care Act and the winding up of PCTs. The JHOSC therefore agreed to recommend that it take on a strategic role in scrutinising sector wide issues through regular engagement with NHS North Central London.

Amendments to the previously agreed terms of reference were accordingly agreed by all of the Councils involved. The current terms of reference are 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.”

Ongoing support for the JHOSC is provided jointly by all of the participating authorities. Each authority supports its own representatives whilst advice and guidance to the joint scrutiny committee will be provided, as required, through liaison between relevant authorities.

The JHOSC was originally envisaged as a time limited body and appointments were made on this basis. It was previously assumed that it would cease to exist when NHS North Central London was wound up and commissioning responsibilities passed on to Clinical Commissioning Groups within each borough in April 2013. However, the picture is now less clear and it now seems likely that at least some commissioning will still be undertaken on a cluster wide level. In addition, commissioning support for a range of services will continue to be undertaken on a sub regional basis by commissioning support services with contracts covering several boroughs. It is therefore possible that there will continue to be a role for the JHOSC and discussions on this issue are scheduled to take place with at the JHOSC during the autumn. In the event of it being proposed by the JHOSC that its work continue beyond April 2012, a further report will be submitted to the Committee.