Title: Joint Health Overview and Scrutiny Committee

Report of the Director of Law & Governance

Open Report

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Summary:

This report is to:

i. Inform the Health and Adults Services Select Committee (HASSC) of the local arrangements for joint health scrutiny and,

ii. Ask the Committee to appoint three HASSC members to the Joint Health Overview and Scrutiny Committee (JHOSC) for the 2017/18 municipal year.

This report and the appended Terms of Reference explain local joint health scrutiny arrangements amongst the boroughs of Barking and Dagenham, Havering, Redbridge, and Waltham Forest, which cover the Outer North East London area.

The Terms of Reference at Appendix 1 state that the JHOSC will consist of three members of each local authority represented, appointed by each borough’s health overview and scrutiny committee. In previous years the Lead and Deputy Lead members of the HASSC have usually been put forward to fill two of the three vacancies.

Recommendations

The HASSC is recommended to:

(i) Note the Terms of Reference for the JHOSC;
(ii) Note the matters that were discussed at the last meeting of the JHOSC; and
(iii) Agree to appoint three HASSC members to the JHOSC for 2017/18.

Reason

To accord with joint health scrutiny arrangements.
1. Powers of Health Scrutiny in general

Regulations under the National Health Service Act 2006 state that local authorities in England have the power to:

- "Review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services.
- Require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny.
- Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions.
- Make reports and recommendations to certain NHS bodies and expect a response within 28 days.
- Set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority.
- Refer NHS substantial reconfiguration proposals to the Secretary of State if a local authority considers:
  - The consultation has been inadequate in relation to the content or the amount of time allowed.
  - The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff.
  - A proposal would not be in the interests of the health service in its area.1

2. Joint Health Scrutiny Arrangements

2.1 The Department of Health Guidance ("the Guidance") issued in June 2014 describes two types of joint scrutiny committees; discretionary and mandatory. Discretionary joint committees are set up by local authorities by choice to scrutinise health matters that cross local authority boundaries. Mandatory joint committees are required by regulation to be set up when a relevant NHS body or health service provider consults more than one local authority’s health scrutiny function about substantial reconfiguration proposals.

2.2 In such circumstances, the regulations state that:

- "Only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately).
- Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.
- Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation." 2

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1 Department of Health, Local Authority Health Scrutiny Guidance, 27 June 2014, p12
2 Department of Health, p17
2.3 Individual councils or departments would still be able to respond informally to any consultations but the responsibility to give a formal response would lie with the mandatory JHOSC.

3. Referrals to the Secretary of State for Health

3.1 The Guidance makes it clear that the above restrictions do not apply to referrals to the Secretary of State. "Local authorities may choose to delegate their power of referral to the mandatory joint committee but they need not do so. If a local authority had already appointed a discretionary committee, they could even delegate the power to that committee if they choose to. If the local authority has delegated this power, then they may not subsequently exercise the power of referral. If they do not delegate the power, they may make such referrals."\(^3\)

3.2 The London Borough of Barking and Dagenham's Constitution delegates the power of referral to the Secretary of State to the HASSC.

4. Outer North East London Joint Health Overview and Scrutiny Committee

4.1 The Outer North East London JHOSC consists of three members from each of the following boroughs:
- Barking & Dagenham
- Havering
- Redbridge and
- Waltham Forest.

The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC.

4.2 Background to the JHOSC

The Outer North east London JHOSC was established by the health overview and scrutiny committees of the above boroughs, exercising their powers under section 7 of the Health and Social Care Act 2001 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. This legislation, together with directions issued by the Secretary of State for Health in 2003, required all local authorities affected by what they considered to be 'substantial variations' in local health services to form a 'joint health overview and scrutiny committee' to consider those changes.

5. Further information regarding the JHOSC and Appointment of Members

5.1 The Terms of Reference at Appendix 1 describe the remit and governance of the JHOSC. These state that the JHOSC will consist of three members of each local authority represented, appointed by each borough's health overview and scrutiny committee. In previous years the HASSC has agreed to appoint its Lead and Deputy Lead members to fill two of the three vacancies and if the HASSC agrees to do the same at its meeting on 21 June 2017, it would need to appoint one further member. If more than three nominations are received, a vote will be conducted to determine the appointments.

\(^3\) Department of Health, p17
5.2 There are typically four JHOSC meetings a year with the four boroughs taking turns to host each meeting. The chair of the health scrutiny committee from the hosting borough chairs the JHOSC meeting. The meetings are clerked by Anthony Clements, Principle Committee Officer at the London Borough of Havering, who charges the boroughs for his support in proportion to the number of members they may appoint to the Committee.

5.3 Four JHOSC meetings have been scheduled for the 2016/17 municipal year as listed below. The latter three will be put to the first meeting for agreement.

- 4pm, 18 July 2017 – Barking & Dagenham
- 4pm, 10 October 2017 – Redbridge
- 4pm, 16 January 2018 – Havering
- 4pm, 27 March 2018 – Waltham Forest.

6. Update on issues discussed at the last JHOSC

6.1 The last JHOSC meeting was hosted by Waltham Forest on 18 April 2017. The following matters were discussed at this meeting:

**Statements by members of the public**

The Committee was addressed by the Honorary Secretary of the City & Hackney branch of the British Medical Association who raised concerns over accountability and the Sustainability and Transformation Plan (STP). The Chairman of the meeting suggested these could be responded to at a future meeting and that these concerns should also be raised at the forthcoming meeting of the equivalent committee covering Inner North East London.

**Integrated urgent care and NHS 111 procurement update**

Officers explained that urgent care services including the NHS 111 service were currently in the process of being re-procured across the seven North East London boroughs. It was planned for NHS 111 to be the first point of contact for urgent care needs.

Changes under the new service would include GPs and other clinicians being based within the NHS 111 service itself. Engagement had taken place with clinicians and was now under way with patient reference groups and other public representatives. The contract was expected to be of a large value. The Joint Committee felt that the not for profit sector should be involved in the NHS 111 contract.

**Outcome of Barking, Havering and Redbridge University Hospitals’ NHS Trust Care Quality Commission inspection**

The Deputy Chief Nurse for BHRUT confirmed that following the recent CQC inspection, the Trust had exited special measures. The inspection had been targeted on certain services including paediatrics, outpatients and accident & emergency. Waits for treatment had improved and there were now only three people who had waited more than a year for treatment. A lot of overseas recruitment of nurses had taken place but it had proved difficult to keep recruits in post long term. The Trust was looking to further develop its nursing associates scheme and it would also begin training its own nurses in partnership with the University of East London.
Whilst the Trust aimed to receive ‘good’ and ‘outstanding’ ratings for all services assessed, officers accepted that a lot of work remained in order for this to be achieved.

The decision to close A & E at King George Hospital had been taken in 2011 and broader planning around this was currently being reviewed. The decision to only have public Board meetings on a bi-monthly basis allowed more time to be spent on delivering improvements but officers would report back to the Trust the Committee’s concerns that a greater degree of transparency was required. Officers agreed to share information on the number of deaths in A&E at the Trust over the last two years.

**Primary medical services contract update**

The review of the Primary Medical Services (PMS) contract for GPs had been initiated by NHS England in 2014. Following a pause, CCGs had been asked by NHS England to restart the review in November 2016, on the basis of only a local offer with no London-wide offer. Around one third of Practices across Barking & Dagenham, Havering and Redbridge (BHR) were subject to the PMS contract. The new contract was required to be in place by the end of October 2017 and officers accepted this was a tight timescale.

All local GP Practices had now been inspected by the CQC although the outcomes of inspections were awaited for approximately 25% of cases. Six local GP practices had been placed in special measures with around 30 receiving a rating of ‘requires improvement’. All Practices in this position were offered support and GP networks for collaborative working were being established across BHR. Officers accepted that there were significant problems facing primary care in North East London.

It was agreed that a letter should be sent on behalf of the Committee summarising its concerns that issues such as workforce, capacity and health inequalities should be included within the PMS contract review.

**Spending NHS money wisely consultation**

Local health services faced a financial challenge with £55 million in savings having to be found across the Barking & Dagenham, Havering and Redbridge CCGs. Essential services such as cancer, emergency services and mental health services would be protected. Some savings had already been made.

The current consultation, which was due to run until 18 May 2017, sought the views of stakeholders and the public on reducing or stopping funding of services such as IVF, cosmetic procedures, over the counter medicines, bariatric weight loss surgery and sterilisation. It was clarified that the ceasing of cosmetic procedures would not apply to cases of post-cancer reconstruction, trauma or severe burns. For services such as mole or cyst removal, exceptions could still be made if for example a clinician felt these had a significant impact on an individual and/or there was a clinical need for removal. Some bariatric surgery would also still be available if agreed clinical criteria were met.
No decisions had been made as yet. The consultation document had been widely distributed to GPs, Councils, community groups etc. Drop-in sessions had also taken place in each borough.

Final decisions on the proposals would be taken by the CCG governing bodies towards the end of June and Equality Impact Assessments would be completed for all changes proposed. Members felt that more explicit guarantees were needed and that each of the proposed changes needed a thorough Equality Impact Assessment in order to assure that there was no disproportionate effect on those least able to cope with the changes. It was agreed that these comments, together with the need for clinically approved procedures to still be available as required, should form the Committee’s response to the consultation.

6.2 The minutes of all the JHOSC meetings held during 2016/17 are available on http://democracy.havering.gov.uk/ieListMeetings.aspx?Committeeld=273

7. Financial and Legal Implications

There are no financial or legal implications arising directly from this report.

Background Papers Used in the Preparation of the Report:

Barking and Dagenham Council Constitution
http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=626&MId=9710&Ver=4&Info=1

Local Health Scrutiny Guidance 2014, Department of Health:

List of appendices:

Appendix 1 Joint Health Overview and Scrutiny Committee’s Terms of Reference