

## HEALTH SCRUTINY COMMITTEE

11th September 2018

<b>Title:</b> Joint Health Overview and Scrutiny Committee - Update	
<b>Report of the Director of Law and Governance</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
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<b>Accountable Strategic Leadership Director:</b> Fiona Taylor, Director of Law and Governance	
<b>Summary</b> <p>This report is to:</p> <ol style="list-style-type: none"><li>i. Inform the Health Scrutiny Committee (HSC) of the local arrangements for joint health scrutiny and,</li><li>ii. Ask the Committee to confirm the appointment of three HSC members to the Joint Health Overview and Scrutiny Committee (JHOSC) for the 2018/19 municipal year.</li></ol> <p>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.</p> <p>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 Chair and Deputy Chair of the relevant Health Scrutiny Committee have usually been put forward to fill two of the three vacancies.</p>	
<b>Recommendation(s)</b> <p>The HSC is recommended to:</p> <ol style="list-style-type: none"><li>(i) Note the Terms of Reference for the JHOSC</li><li>(ii) Note the matters that were discussed at the last meeting of the JHOSC; and</li><li>(iii) Agree the appointment of three HSC members to the JHOSC for 2018/19.</li></ol>	
<b>Reason(s)</b>	

## 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; and
- 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; and
  - A proposal would not be in the interests of the health service in its area".<sup>1</sup>

## 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; and
- 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."<sup>2</sup>

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<sup>1</sup> Department of Health, Local Authority Health Scrutiny Guidance, 27 June 2014, p12

<sup>2</sup> 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."<sup>3</sup>

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

### **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.

5.2 As the first JHOSC meeting took place before the first HSC meeting for the 2018/19 municipal year, HSC members were consulted and Councillors Keller, P Robinson

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<sup>3</sup> Department of Health, p17

and E Rodwell were informally appointed. The HSC are asked to formally confirm those appointments.

5.3 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, Principal 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.

5.4 JHOSC meetings have been scheduled for the 2018/19 municipal year as listed below.

- 4pm, 2 October 2018 – Barking & Dagenham
- 4pm, 15 January 2019 – Waltham Forest
- 4pm, 9 April 2019 – Redbridge

## **6. Update on issues discussed at the last JHOSC**

6.1 The last JHOSC meeting was hosted by Havering on 26 July 2018. The following matters were discussed at this meeting:

### **6.2 BHR CCGs – Community Urgent Care Services and Consultation**

6.2.1 GP access hubs currently delivered urgent care at evenings and weekends via a separate telephone number from NHS 111. One third of these patients could be given advice by phone rather than needing to see a GP face to face and this was the same for walk-in centres. There were currently seven local GP hubs covering Barking & Dagenham, Havering and Redbridge and four walk-in centres.

6.2.2 It was felt that the best person to see for urgent care was a GP although officers accepted that it could be challenging to access GP services. GP services themselves were not being consulted upon. Officers felt that change was needed for a variety of reasons including public confusion over where best to go for treatment, national guidance on the need to improve facilities and the need to upgrade urgent care centres to urgent treatment centres, allowing x-rays, blood tests, diagnostics etc.

6.2.3 Officers felt that the NHS 111 service had improved over recent years the new service provider starting on 1 August would increase to 50% the proportion of callers able to speak to a clinician. It was proposed that both options would allow a single phone number – 111 with which to speak to a clinician. GP and nurse appointments could also be booked via 111 and the overall number of locations at which people could be seen would not be reduced, being 12 under both options.

6.2.4 Under option 1, there would be four Urgent Treatments Centres (Queen's Hospital, King George Hospital, Harold Wood Polyclinic and Barking Community Hospital with eight community locations for bookable appointments. The Urgent Treatment Centres would be walk-in but people would still be encouraged to phone or go on line first. Option 2 would provide two Urgent Treatment Centres – at Queen's and King George Hospitals and ten community locations.

- 6.2.5 Officers were aware of concerns around in South Ilford, including Loxford Polyclinic and plans for primary care in the area had been brought to the Redbridge Overview and Scrutiny Committee. Barking Community Hospital already had an x-ray unit on site and parking was easier than at Loxford. Officers emphasised that it was not proposed to reduce capacity at Loxford and that it was wished to further develop facilities at Loxford.
- 6.2.6 The Committee agreed that the clerk should draft a response letter giving its views on the consultation, based on the discussions held at the meeting.

### 6.3 **New NHS 111 Contract**

- 6.3.1 The Committee was advised that the new NHS 111 service would go live on 1 August 2018. The service, which had been procured jointly by the North East London CCGs, would be provided by London Ambulance Service. Competent health advice would be provided by phone or on line and callers could still be booked to see a clinician if necessary. Translators and Typetalk facilities for deaf callers would also be available.
- 6.3.2 Pathways has been developed to refer people back to their GP if necessary and a clinical assessment service would be based within NHS 111, comprising multi-disciplinary staff. It was planned that, shortly after the launch date, NHS 111 clinicians would have access to a patient's health care records (with a patient's consent). This would facilitate a quick transfer to a mental health assessment, should this be required.
- 6.3.3 The new system would allow consistency of approach through a single contact number. The service would be monitored closely with a patient participation group also being established. National metrics on e.g. rates of abandoned calls would be collected as would local metrics. Any instances of misdiagnosis would be monitored and investigated but it was felt that overall outcomes should improve under the new service.
- 6.4 The minutes of all the JHOSC meetings are available on via the London Borough of Havering's website:

<http://democracy.havering.gov.uk/ieListMeetings.aspx?Committeeld=273>

### 7.1 **Financial Implications**

Implications completed by Olufunke Adediran, Group Accountant:

- 7.1 This report is largely for information and seeks to confirm the appointment of three Health Scrutiny Committee (HSC) members to the Joint Health Overview and Scrutiny Committee (JHOSC) of the Outer North East London, for the 2018/19 municipal year. As such, there are no direct financial implications arising from the report.

### 8. **Legal Implications**

Implications completed by: Dr Paul Feild Senior Governance Solicitor

- 8.1 Under section 21 of the Local Government Act 2000 The Health Scrutiny Committee has specific responsibilities about health functions in the borough. Such Health Scrutiny Committees shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee in its work has all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).
- 8.2 Furthermore health matters can and do have cross borough implications and in some matter as identified in the body of this report only a Joint Health Scrutiny Committee can respond. To address this issue a multi borough health scrutiny committee covering Barking & Dagenham; Havering; Redbridge; and Waltham Forest has been established. It will exercising its 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 report seeks agreement to make appointment of three HSC members to the Joint Health Overview and Scrutiny Committee (JHOSC) for the 2018/19 municipal year.

**Background Papers Used in the Preparation of the Report:** None

**List of appendices:**

- **Appendix 1:** Joint Health Overview and Scrutiny Committee's Terms of Reference