

HEALTH SCRUTINY COMMITTEE

25 June 2019

Title: Outer North East London Joint Health Overview and Scrutiny Committee	
Report of the Director of Law and Governance	
Open Report	For Decision
Wards Affected: None	Key Decision: No
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Accountable Director: Fiona Taylor, Director of Law and Governance	
Summary This report is to: <ol style="list-style-type: none">i. Inform the Health Scrutiny Committee (HSC) of the local arrangements for joint health scrutiny and,ii. Ask the Committee to confirm the appointment of three HSC members to the Outer North East London (ONEL) Joint Health Overview and Scrutiny Committee (JHOSC) for the 2019/20 municipal year. This report and the appended revised 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 revised Terms of Reference at Appendix 1 state that the JHOSC will consist of a specific number of members of the local authorities represented, appointed by each borough's health overview and scrutiny committee or Council. In Barking and Dagenham, in previous years, the Chair and Deputy Chair of the Health Scrutiny Committee have usually been put forward to fill two of the three vacancies.	
Recommendation(s) The HSC is recommended to: <ol style="list-style-type: none">(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 the appointment of three HSC members to the JHOSC for 2019/20.	
Reason(s) 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; 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".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; 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."²

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 HSC.

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

4.1 The ONEL JHOSC will consist of three members from each of the following boroughs:

- Barking & Dagenham;
- Havering; and
- Redbridge.

The London Borough of Waltham Forest used to be represented on the ONEL JHOSC via three of its health scrutiny members. However, following a meeting of its Council on 25 April 2019, it agreed to reduce its membership of the ONEL JHOSC from three members to one, and transfer its main membership to the Inner North East London JHOSC, to reflect changes in the local health landscape. This is partly why the ONEL JHOSC's Terms of Reference were revised and will be put to its next meeting on 9 July 2019 for agreement.

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.

³ Department of Health, p17

5. Further information regarding the JHOSC and Appointment of Members

5.1 The revised Terms of Reference at Appendix 1 describe the remit and governance of the JHOSC.

5.2 There are typically four JHOSC meetings a year with the boroughs taking turns to host the meetings. 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 2019/20 municipal year as listed below.

- 4pm, Tuesday 9 July 2019, Barking & Dagenham
- 4pm, Tuesday 15 October 2019, Havering
- 4pm, Tuesday 28 January 2020, Redbridge
- 4pm, Tuesday 28 April 2020, Waltham Forest

6. Update on issues discussed at the last JHOSC

6.1 The last JHOSC meeting was hosted by Havering on 9 April 2019. The following matters were discussed at this meeting:

6.2 NHS LONG TERM PLAN

6.2.1 Health officers explained that the local health economy faced a number of challenges including population growth, retention of workforce, and challenging health outcomes. There was a vision to provide community-based care with borough-based integrated community care partnerships being established. Long Term Plan work on mental health services would focus on what types of service would be needed, rather than necessarily altering the number of in-patient beds. In response to concerns raised by members of the public at the meeting, the Chairman read out a statement from the Leader of Redbridge Council giving assurances that A & E services would continue to be provided at King George. Officers accepted that primary care performance had been poor in Outer North East London and outlined efforts to improve GP retention.

The JHOSC requested that the Primary Care Strategy be brought to a future meeting of the Committee and that an update on implementation of the NHS Long Term Plan in Outer North East London should be given to the Committee in approximately 12 months' time. It noted that more detailed scrutiny of the NHS Long Term Plan would take place in a joint meeting with the equivalent committee for Inner North East London, scheduled for 18 September 2019.

6.3 NELFT STREET TRIAGE SERVICE

6.3.1 The Street Triage Service was part of the single NELFT pathway for mental health crisis which covered the four ONEL boroughs and gave a dedicated phone line for Police and London Ambulance Service officers dealing with people exhibiting mental health issues. This allowed direct contact with a clinician who could

undertake an assessment. The service has resulted in a reduced number of referrals to both A & E and Police custody. There was a higher level of section 136 detention among people of BME backgrounds. Revised training for Police on the use of section 136 powers was being considered.

The JHOSC requested that an update on the Street Triage Service be given to the Committee in approximately 18 months.

6.4 ACCESS TO HEALTHCARE BY VULNERABLE MIGRANTS

- 6.4.1 An officer from Refugee and Migrant Forum Essex & London (RAMFEL) explained that the organisation's report, which involved interviewing 20 people, concluded that vulnerable migrants often faced a hostile environment when trying to access healthcare. Refugees and asylum seekers were permitted access to healthcare; however, in reality, those who were classified as having 'no recourse to public funds' were often denied healthcare which could have negative implications for their health as well as costs to the NHS. The report recommended that there should be improved training for NHS staff on immigration status and related issues. The managing director of BHR CCGs stated that she was aware of the confusion over eligibility for access to primary care. The JHOSC requested that an update on the position with access to healthcare for vulnerable migrants should be brought to the Committee in one year's time.

6.5 JOINT COMMITTEE'S WORK PLAN

- 6.5.1 Potential future work programme items included updates on community urgent care, NHS performance targets for 2019/20, performance in A & E, waiting lists, race equality issues and the NHS workforce disability equality scheme.

It was agreed that a review of the recent unsuccessful bid for £49m for reconfiguration of local A & E services should be undertaken at the next meeting of the Committee. This could include scrutiny of why nearly all bids from Outer North East London had been unsuccessful. It was agreed that the next meeting agenda should also include an update on changes to cancer services and an update on the development of the plans for the East London Health Care Partnership.

- 6.6 The minutes of all the JHOSC meetings are available on the link below (to a page on the London Borough of Havering's website):

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

7. Financial Implications

- 7.1 This report is largely for information and seeks to confirm the appointment of three Health Scrutiny Committee (HSC) members to the Outer North East London Joint Health Overview and Scrutiny Committee, for the 2019/20 municipal year. As such, there are no direct financial implications arising from the report.

8. Legal Implications

Implications completed by: Dr Paul Field, 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 exercises 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 2019/20 municipal year.

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

List of appendices:

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