

## Agenda item 11: Reports from the Overview and Scrutiny Committee

# Report of the Supporting the Vulnerable in Our Community Overview and Scrutiny Committee

29 October 2007

\*Councillor Richard Cornelius (Chairman)

\* Councillor Lisa Rutter (Vice- Chairman)

Councillors:

\* John Hart

\* Bridget Perry

Caroline Margo

\* Hugh Rayner

\* Linda McFadyen

\* Andrew Mc Neil

\* Zakia Zubairi

\* Wayne Casey

\* denotes Member present

### **DARZI REVIEW – HEALTHCARE FOR LONDON, A FRAMEWORK FOR ACTION (Agenda Item 9)**

The Overview and Scrutiny Committee considered the attached reports.

The Committee noted

- Members expressed concern at the lack of financial details regarding the resourcing of the joint overview and scrutiny committee (JOSC). It was understood that whilst the cost was unquantifiable at the present time, any liability would be met by the each of the boroughs participating in the JOSC.
- Given the status of the report, a pan-London JOSC was questionable. It was not intended to provide detailed information at a local level.
- Not participating in the JOSC would be difficult to justify in terms of ensuring that residents of Barnet continued to be effectively represented.
- A number of boroughs had responded affirmatively in terms of participation, the implication being that it was better to be in than out.
- Reservations as to what would be achieved in terms of adding value to the outcome of the review were expressed. A two-stage consultation would first consider models of care, followed more detailed consideration of local impact, at which point it would become locally relevant.
- An informal meeting of the JOSC was being held on 30 October, which all interested boroughs were invited to attend. In addition to seeking a cross party approach to the JOSC, it was also noted that a draft set of terms of reference had been circulated.

The Committee, having requested Councillor Cornelius to attend the informal meeting on 30 October, when, it was understood draft terms of reference would be considered, as set out in the Committee's decisions dated 29 October 2007,

#### **RESOLVED TO RECOMMEND**

- (1) That Councillor Richard Cornelius be appointed as the Barnet representative on the pan-London JOSC which will be consulting on "Healthcare for London - A Framework for Action".**
- (2) That the Barnet representative be empowered to represent the consensual views of the committee, as appropriate, in respect of the continuing involvement of the Council with the pan-London JOSC.**
- (3) That either Councillors Wayne Casey or Linda McFadyen, or both, be nominated as substitute representatives, subject to confirmation by their respective political groups and subject to the constitutional requirements of any future JOSC.**
- (4) That the relevant officers be authorised to agree the final support arrangements, in consultation with the Council's representative on the pan-London JOSC, subject to appropriate provision being made in the 2008/09 budget for the Council's contribution.**
- (5) That the Communications Director be authorised to provide suitable publicity highlighting the work of the Committee.**
- (6) That the Chief Finance Officer note the budget pressure and include it in the budget preparation for 2008/09.**

**AGENDA ITEM: 5** Page nos. 1-13

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Meeting	Supporting the Vulnerable in our Community Overview and Scrutiny Committee
Date	29 October 2007
<b>Subject</b>	<b>London Review of “A Framework for Action”</b>
Report of Summary	Scrutiny Office  This report provides further information and guidance to members in considering their participation and role in a London wide joint health overview and scrutiny committee.

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Officer Contributors	Bathsheba Mall, Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix 1: Letter dated 25 September from Director of Communications, NHS London Appendix 2: Letter dated 19 September from the Chairman of the Joint Scrutiny Network
For decision by	Council on recommendation of the Committee
Function of	Scrutiny
Reason for urgency / exemption from call-in (if appropriate)	N/a
Contact for further information:	Bathsheba Mall, 020 83597034

## **1. RECOMMENDATIONS**

- 1.1 The Overview and Scrutiny Committee is asked to consider whether to participate in a London wide joint health scrutiny committee, scrutinising the implications of the Darzi review, “A Framework for Action”, a consultation on the implications of proposed changes to healthcare services in London.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 It was agreed at the last meeting (19<sup>th</sup> September, decision Item 9), to hold a special meeting to discuss the financial and legal implications of participating in a pan London joint health overview and scrutiny committee.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 Supporting the Vulnerable in our Community.
- 3.2 One of the key priorities identified in this corporate priority is to enable people to stay in control of their lives (independence, choice and control).
- 3.3 The second key priority is to achieve better outcomes for vulnerable adults (improve service quality and customer satisfaction).

## **4. RISK MANAGEMENT ISSUES**

- 4.1 There are financial and legal implications arising from a decision either to participate or not, as outlined in the body of the report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The Council has statutory duties to:
- Eliminate unlawful discrimination and harassment
  - Promote equality of opportunity
  - Promote good relations between people
- 5.2 A committee with a health scrutiny remit has a statutory duty to examine the provision of NHS delivered healthcare services. Participation in this pan London joint health scrutiny committee (JHOSC) will satisfy a statutory requirement to examine the proposed changes as they constitute a substantial variation. The proposed JHOSC will consider the equalities impact assessment as part of its core evaluation of the proposals.

## **6. FINANCIAL, STAFFING, ICT AND PROPERTY IMPLICATIONS**

- 6.1 The potential cost implications of this proposal will be dependent on the format and methodology of the review and as such are not yet quantified. There are no additional funds available for this review and as such any costs will have to be contained within existing Council resources.

## **7. LEGAL ISSUES**

- 7.1 The Health & Social Care Act (2001) Section 7 places a duty on NHS bodies to consult local authority overview and scrutiny committees on proposed developments of the health service or on proposals to make variation in the provision of services.
- 7.2 The Act and the accompanying guidance (issued July 2003) do not provide any definition of what constitutes substantial variation or development, and it is therefore up to each committee to decide whether the proposals are of sufficient local impact to require scrutiny. Where the proposals affect more than one local authority any overview and scrutiny committees wishing to be consulted have to form a joint committee. Formal scrutiny powers are only exercisable through the joint committee, although informally there might be other avenues for comment, and the Council's Executive side would be consulted separately. Under Sections 101 and 102 the Local Government Act 1972, it falls to Council to authorise the establishment of a joint committee.
- 7.3 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 Regulation 4 (1) States "Subject to the following provisions of this regulation, where a local NHS body has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such service, it shall consult the overview and scrutiny committee of that authority".
- 7.4 Section 8 of the Health & Social Care Act 2001 also provides that two or more local authorities may appoint a joint overview and scrutiny committee. This enables health issues crossing borough boundaries to be examined by the appropriate members in one process.

## **8. CONSTITUTIONAL POWERS**

- 8.1 Paragraph 9 of the Overview and Scrutiny Rules sets out Members entitlements for items to be placed on agendas for Overview and Scrutiny Committees.
- 8.2 The Terms of Reference of this Overview and Scrutiny Committee include:
- "To perform the Overview and Scrutiny role in relation to:
1. Community care services for older people and vulnerable adults including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs, and such preventative, advice and advocacy (including welfare rights), transport, respite and other services as may be needed to help people remain independent in their own homes;

2. The promotion of effective partnerships with health and other agencies in the public, private and voluntary sectors to support the above. “
3. “Any other issues relevant to supporting vulnerable adults in the community or promoting good health in Barnet, directly or in partnership with others. “

## 9. BACKGROUND INFORMATION

- 9.1 As set out in the previous report and addendum to the Committee, the Committee is asked to consider whether or not they wish to participate in a pan-London joint health overview and scrutiny committee (JHOSC).
- 9.2 Attached as Appendix 1 (letter dated 25 September) is a response from Bill Gillespie, Director of Communications, NHS London, to issues raised at an officer meeting of the Joint Scrutiny Network. It has become apparent since the Committee’s previous meetings that many boroughs have taken the view that they would rather participate than preclude themselves from the consultation process, irrespective of any local, on-going, NHS consultations.
- 9.3 Some selected points to note in Appendix 1 are summarised below:
  - Since the process for agreeing to participate varies across different Boroughs, those that have not formally appointed representatives at the start of the consultation on 29<sup>th</sup> October can participate informally until such decisions have been formally ratified;
  - Whilst stage one of the consultation is on models of care and delivery, later parts of the consultation are intended to build upon the first stage and “*where decisions are taken on models at the end of the stage one consultation there will not be an opportunity to reopen those decisions subsequently*”;
  - Local service configurations. For Barnet, this means the Clinical Strategy is not dependant on the outcome of a pan-London consultation.
  - Should boroughs choose not to participate, NHS London has taken the view that this precludes them from accessing information. They have also indicated that clusters of joint overview and scrutiny committees would not be acceptable.
- 9.4 The Health and Social Care Act 2001 and the related Department of Health, Overview and Scrutiny of Health – Guidance (The Directions, issued in July 2003 indicates that health scrutiny committees must engage in joint working arrangements where there is “consultation on any proposal to substantially develop or vary services where those services are provided to areas that span more than one overview and scrutiny committee” (The Directions, paragraph 10.7.2). Only the joint committee may then solicit information, require the NHS to attend meetings to answer questions and to then comment back to the NHS, both on the proposed changes and the consultation process.
- 9.5 There is an option to delegate scrutiny to another health overview and scrutiny committee, HASC Act, S.8 (2)(b) (Health and Social Care Act) and

the Local Government Act 2000 c.22, should the committee consider this as an alternative, third option.

- 9.6 The power of referral to the Secretary of State (HASC Act 2001, S.7) which can be exercised either by the JHOSC or by any of the overview and scrutiny committees (July 2003, The Directions, paragraph 10.7.7). It should be noted that not participating in the JHOSC undermines any future action that the committee may wish to exercise in respect of a possible referral.
- 9.7 Should the Committee agree to participating in the London wide JHOSC, it will need to nominate a representative, to be followed by a recommendation to full council for formal ratification at its meeting on 6<sup>th</sup> November 2007. Given that the first suggested date of the JHOSC has already been proposed by the Chairman of the Joint Scrutiny Network, Councillor Mary O'Connor, LB Hillingdon, as either 29 October or 30 October (am), this will mean that our attendance at the first meeting will be by way of an informal representation. A total of four meetings have been proposed to cover the period of the consultation and to manage the requirements of the scrutiny process including the signing off of the JHOSC response to the consultation.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 Local Government Act 2000 c.22  
Health and Social Care Act 2001  
Overview and Scrutiny of Health – Guidance (July 2003)
- 10.2 Any person wishing to inspect this document should telephone Bathsheba Mall, 020 83597034.

LS: MB  
CFO: HG

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25 September 2007

Dear Sunita

## **Healthcare for London: A Framework for Action**

### **Preliminary view of the London Scrutiny Officer Network to the setting up of a pan-London Joint Health Scrutiny Committee**

Thank you for your e-mail of 17 September on behalf of the London Scrutiny Officer Network reflecting the points made at the Officer Network on 10 September.

I have discussed your letter with the PCT Chief Executives leading on Healthcare for London communications and consultation and have set out below their responses both to the key points which emerged in the course of the Officer Network discussion and the questions which you pose at the end the letter.

I ought to begin by recognising that this is the first time both the NHS and local authorities in London have been faced with consultation and scrutiny on such a scale. I think it is understandable that both sectors are finding this a challenge and we look forward to continuing to work with you and your colleagues to ensure an effective process is established.

### **Key points**

- 1 Whilst there is understanding of the requirements set out in the regulations to form a JHOSC, there was uncertainty about the merits of forming the JHOSC for Stage One of the consultation. It was felt that members would wish to look to the Stage Two consultation, as the specific proposals for healthcare will arise after the first stage.*

It is proposed that the stage one consultation is on models of care and delivery based on those set out in Professor Darzi's report. Taken together, they set out an integrated approach to improving health and health services for Londoners. That approach, if applied, will have far-reaching consequences for NHS services in the capital.



It is critical, therefore, that Londoners and representative bodies in London have the opportunity to comment on the models both individually and as they relate to each other. Only the first-stage consultation provides an opportunity for comment and discussion on the models as a whole since later consultations about the detail of implementation of the agreed models is likely to happen at different levels (for example, pan-London for developing trauma services and Borough/ PCT-level for community services) and at different timescales for different elements of the strategy.

- 2 *Practical and logistical issues – Many boroughs’ Health Overview and Scrutiny Committees are in the process of or have yet to formally discuss and consider their involvement in a pan-London JHOSC.*

PCTs understand this. However, a number of Boroughs have also signalled that they are keen to be part of a JHOSC. It may be possible to reconcile PCTs’ desire to embark on consultation as soon as is practicable with the different decision-making timetables of HOSCs in London by agreeing that the initial JHOSC has a formal membership from HOSCs which have been through their formal decision-making processes and informal membership (or observer status) from other HOSCs until the latter’s decision-making processes formalise their representation.

The critical statutory role for the JHOSC is in considering whether the consultation has been adequate and whether the Joint Committee of PCTs’ decisions in the light of the consultation are in the public interest. This role can be fulfilled with the establishment of a full JHOSC slightly later in the process. The JHOSC role of commenting on the consultation document and consultation processes can be undertaken both formally and informally as required.

- 3 *The process for agreeing to participate in a JHOSC varies across Boroughs, with some Boroughs requiring the decision to be taken by full Council. This is a factor for many Boroughs to consider – they are unlikely to have a Council meeting scheduled for between the 19<sup>th</sup> October (when the consultation document is signed off) and the 29<sup>th</sup> October (when the consultation is due to begin). Whilst two Councils have already acquired approval from their full Council, for others the earliest that this approval can be sought will be November.*

See response to 2 above. PCTs would want to try to accommodate a JHOSC (potentially of formal and observer members initially) having an opportunity to comment on the consultation document and consultation processes before the beginning of consultation.

- 4 *Members will need to be clear what impact they can make at Stage One of the consultation as the purpose and precise nature of the Stage One consultation is unclear. Would a broad discussion on models of care ‘add value’ or should Boroughs wait until specific proposals are available?*

The purpose and nature of the stage one consultation is to seek views on the models of care (maternity and newborn care, staying healthy, mental health, acute care, planned care, long-term conditions, end-of-life care) and the models of

delivery (home, polyclinic, local hospital, elective centre, major acute hospital, specialist hospital) set out in Professor Darzi's report.

The value of a broad discussion in a stage one consultation is that it is precisely that: a broad discussion of the models and how they relate to each other (or not as the case may be). Later consultations would focus on the application of particular models in particular parts of London and will happen to different timescales. They cannot, therefore, deliver an informed discussion about the models and how they fit together.

The later consultations will build on the first-stage decisions. The practical effect of this is that where decisions are taken on models at the end of the stage one consultation there will not be an opportunity to reopen those decisions subsequently. Without wishing to pre-empt the Joint Committee of PCTs' view of the range of decisions that it may want consider at the end of the stage one consultation, it may be helpful to consider in principle what that range might be:

- a) support for a particular model;
- b) broad support for a particular model but refinement in the light of consultation;
- c) rejection of a particular model;
- d) a decision that further consultation on a particular model will be incorporated in to a later consultation which will also consider the application of the model

- 5 *If Councils/ OSCs are to agree to their members' participation in a JHOSC, they need to know the exact terms of reference for the consultation other than vision, principles and general models of healthcare delivery in Stage One. This detail is required in order to properly advise and inform members on the terms of reference for the JHOSC and for us to establish the timetable for the JHOSC. Some Councils' constitutions require this detail before agreeing to the participation of their members in a JHOSC.*

The consultation would be on models of care and delivery based on those set out in Professor Darzi's report (as listed in the first paragraph of the response to question 4).

- 6 *Acknowledging both the political landscape across London and the needs of Londoners, boroughs in the JHOSC would reflect different views and interests in light of the scale of the geographical area affected by the consultation. In order for the JHOSC to agree recommendations, scrutiny, members would need to know what the strategy means for London as a whole, national ramifications and local impact.*

What the strategy means, or could mean, for London as a whole and local impact is something that PCTs would hope could be discussed and agreed (or contested) as part of the first-stage and later consultations. Any reading of Professor Darzi's report would recognise that implementation of the models would have a major impact on health services across London as a whole.

- 7 *It is unclear how the existing regional consultations where JHOSCs have been established, such as the picture of health discussions in the southeast region, relate to the HfL debate. There is an argument to suggest that the existing consultations are now obsolete.*

The letter of 9 August from the London Commissioning Group to PCT Chief Executives to which local authority chief executives were copied in set out the relationship between consultation on Healthcare for London and service engagement/consultation already underway.

It said that where service reconfiguration was already underway, local NHS bodies must ensure that their programmes do not, and are seen not, to predetermine the outcome of the stage one consultation in any way. To that end, NHS bodies involved in local consultations should satisfy themselves:

- There is a local need to carry on with the local consultation without waiting for the outcome of the pan-London consultation. Issues to consider, amongst others, in such circumstances will include impact on the quality patient care, staff, financial impact and other potential consequences of not carrying on with local consultation, balanced against any potential effect of going ahead such as risking uncertainty or confusion.
- Local consultations do not rely on the recommendations in A Framework for Action for decision-making, although reliance on a common evidence base is appropriate where relevant.
- All decisions are consistent with the open mind that consulting bodies must have, and be seen to have, on the outcome of the pan-London consultation.
- All reasonable steps are taken to ensure that consultees understand these points.

### **Questions requiring clarification**

1. *When can we have the exact terms of reference for the Stage One consultation? OSCs will need this as soon as possible in order to help them decide on whether to participate in any joint working in Stage One.*

The PCTs will be consulting on models of care and delivery based on those set out in Professor Darzi's report.

2. *Can the consultation timetable for Stage One be extended in order to enable those OSCs to follow their decision-making processes in order to seek approval from their OSCs and full Council?*

A question in response: would it be possible to reconcile the timetables round OSC decision-making processes with the desirability of moving forward the discussion on Professor Darzi's report by forming a JHOSC with formal membership from those Boroughs who have already signalled they can meet the timetable and informal membership from those whose timetables are more extended? JHOSC formal membership could then be extended as and when OSC decision-making processes are completed. The JHOSC role at the front end of consultation (commenting on the consultation document and consultation arrangements) is informal; the statutory role of JHOSC kicks in at the end of the process when commenting on the adequacy of consultation and whether the decisions of the Joint Committee of PCTs are in the public interest.

3. *Could Stage One consist of detailed briefings open to scrutiny members?*

Stage One could include detailed briefings open to scrutiny members but it could not restrict itself to that. The value of a broad formal consultation in stage one is that it is precisely that: a broad discussion of the models and how they relate to each other (or not as they case may be). Later consultations are likely to focus on particular models and particular parts of London and will happen to different timescales. They cannot, therefore, deliver an informed discussion about the models and how they fit together. Conversely, a “stage two” consultation which tried to cover all the models and how they might be applied across London would be unmanageable.

4. *If borough OSCs decide not to take part in a JHOSC, will NHS London and the JCPCT strictly apply the regulations relating to access to information, etc to non-participating OSCs?*

If an OSC is not participating in the JHOSC because it does not believe that the proposals being consulted on will affect its population significantly (and it is not clear what other basis an OSC could have for not participating), it is difficult to understand why it would then request participation on a bilateral basis. If it decides not to participate for the reason I have assumed, then it has no right to scrutinise.

5. *Would NHS London/ JCPCT consider working with clusters of JHOSCs formed along the previous SHA configurations e.g. JHOSC of North West London OSCs for both the Stage One and later consultations?*

No. Healthcare for London proposes models of care that are pan-London in nature, and for some services, for example specialist services such as trauma and acute stroke care the application of the model also requires a pan-London discussion. However, there are likely to be stage two consultations which will take place at a sector or Borough/PCT level, for example on the development of polyclinics or other community services.

6. *Many Boroughs are in the process of, or are about to start, joint-authority health scrutiny and there is uncertainty how the proposed HfL consultation relates to these. It would help members in these boroughs to have information about the status of existing sub-regional health developments over and above the references in HfL.*

The letter of 9 August from the London Commissioning Group to PCT Chief Executives to which local authority chief executives were copied in set out the relationship between consultation on Healthcare for London and service engagement/consultation already underway.

It said that where service reconfiguration was already underway, local NHS bodies must ensure that their programmes do not, and are seen not, to predetermine the outcome of the stage one consultation in any way. To that end, NHS bodies involved in local consultations should satisfy themselves:

- There is a local need to carry on with the local consultation without waiting for the outcome of the pan-London consultation. Issues to consider, amongst others, in such circumstances will include impact on the quality patient care, staff, financial impact and other potential consequences of

not carrying on with local consultation, balanced against any potential effect of going ahead such as risking uncertainty or confusion.

- Local consultations do not rely on the recommendations in A Framework for Action for decision-making, although reliance on a common evidence base is appropriate where relevant.
- All decisions are consistent with the open mind that consulting bodies must have, and be seen to have, on the outcome of the pan-London consultation.
- All reasonable steps are taken to ensure that consultees understand these points.

I hope this is helpful. It may be helpful to meet to discuss these issues further and I will give you a call to see if we can arrange something. I am copying this letter to Councillor Mary O'Connor, Co-Chair of the Scrutiny Network, since it may be helpful to have a joint Officer/Member meeting as the way forward.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Bill Gillespie', written in a cursive style.

Bill Gillespie

Interim Director of Communications  
NHS London

c.c. Councillor Mary O'Connor, - Hillingdon Council



19<sup>th</sup> September 2007

Dear colleague

### **Joint Overview & Scrutiny Committee (JOSC) to scrutinise the Darzi review**

I am writing to you in my role as Chairman of the London Scrutiny Network, an informal group of scrutiny Members and officers that regularly meets at London Councils' offices. I understand from your authority's website that you are the Chair of the Health Scrutiny Committee or equivalent. Please accept my apologies if this is not correct, and if so I would be most grateful if you could pass this letter onto your appropriate colleague.

As you are probably aware, the London PCTs are launching a formal public consultation on the Darzi review – officially entitled *Healthcare for London: A Framework for Action*. This first stage consultation will examine the broad models of care outlined by Professor Lord Darzi in his report. Once this initial consultation is completed, the NHS will launch further consultation on specific proposals to implement the framework.

Given the pan-London impact of the Darzi review, a joint committee of London PCTs (JCPCT) are inviting all London Boroughs to consider appointing representatives to a Joint Overview & Scrutiny Committee (JOSC). The role of the JOSC would be to: (a) scrutinise the models of care outlined in the Darzi review and decide whether these are in the interests of the health service in London, (b) decide whether the consultation process is adequate, (c) examine the JCPCT's response to the consultation.

Significantly, the NHS have taken legal advice which states that under the health scrutiny regulations, Boroughs will only have the legal power to scrutinise the Darzi review as part of the JOSC and not as individual Borough OSCs. This advice states that a JOSC must be set up to consider not just the models of care in the Darzi review but also the adequacy of the consultation process.

CLLR. MARY O'CONNOR  
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INVESTOR IN PEOPLE

Given the above, Hillingdon has taken the necessary decision to take part. In my role as Chairman of the London Scrutiny Network I have spoken to several of you already and know that your authorities are also taking the necessary steps to enable participation in the JOSC. Equally, some Boroughs may decide not to participate. However, I understand that not all Boroughs have reached a final decision as to whether to participate, and a letter has been sent asking for a possible postponement to the consultation.

The NHS have yet to indicate whether the consultation could be delayed. As it presently stands, the consultation is due to start on 29<sup>th</sup> October and run for 14 weeks until 1<sup>st</sup> February. I have spoken to Councillor colleagues in other Boroughs and we feel that those Boroughs that want to take part in the first stage consultation must be in a position to do so and must also plan for the consultation proceeding as planned in just over a month's time. We therefore feel that it would be helpful for those Members who have already been appointed to the JOSC to meet as soon as possible. This informal meeting would aim to discuss potential terms of reference and work programme for the JOSC.

These colleagues and I are suggesting two possible dates to meet, at a location to be arranged:

- **afternoon of 26<sup>th</sup> October or**
- **morning of 30<sup>th</sup> October**

Please can you either email me ([mo'connor@hillingdon.gov.uk](mailto:mo'connor@hillingdon.gov.uk)) or call me (01895 250316) with your response. I would be happy to discuss any concerns you may have.

Finally, many of you may already know that Ruth Carnall, Chief Executive of NHS London will be attending the next meeting of the London Scrutiny Network on 11th October to answer Scrutiny Councillors' questions. The meeting starts at 10am at London Councils. I hope to meet as many of you as possible then.

Kindest regards

Cllr Mary O'Connor  
Chairman – London Scrutiny Network  
LB Hillingdon External Services Scrutiny Committee

**AGENDA ITEM: 9** Page nos. 19-22

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Meeting	Supporting the Vulnerable in our Community
Date	19 September 2007
<b>Subject</b>	<b>London Review of “A Framework for Action”</b>
Report of	Scrutiny Officer
Summary	This report considers review options in respect of a London wide consultation due to begin on 29 October and whether the council should participate in a joint overview and scrutiny, together with other London boroughs.

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Officer Contributors	Bathsheba Mall, Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
For decision by	Council on recommendation of the Committee
Function of	Scrutiny
Reason for urgency / exemption from call-in (if appropriate)	N/a

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Contact for further information: Bathsheba Mall, Overview and Scrutiny Officer, 020 83597034



## **1. RECOMMENDATIONS**

- 1.1 The Overview and Scrutiny Committee is asked to consider the contents of this report and the addendum which will follow ( paragraph 9.8 refers) and to make recommendations as appropriate to the Council regarding this Council's participation in the London – wide Joint Overview and Scrutiny Committee.

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

### **3.1 Strong and healthy**

A thriving sense of community and a healthy lifestyle, supported by quality health services, makes a huge difference to the well-being of our residents.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 it is important that any issues involving the healthcare received by Barnet residents are carefully considered.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The health services are available for all.

## **6. FINANCIAL, STAFFING, ICT AND PROPERTY IMPLICATIONS**

- 6.1 None arising from this report. If as a result of the meeting referred to in paragraph 9.8 there are implications, these will be outlined in detail in the addendum.

## **7. LEGAL ISSUES**

- 7.1 None

## **8. CONSTITUTIONAL POWERS**

- 8.1 Article 11.02(a) sets out the Council's powers to establish joint arrangements with one or more local authorities ... to exercise functions which are not Executive functions in any of the participating authorities, or advising the Council. These arrangements may involve the appointment of a joint committee with these other local authorities.

- 8.2 The Terms of Reference of this Overview and Scrutiny Committee include:

“To perform the Overview and Scrutiny role in relation to:

1. Community care services for older people and vulnerable adults including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs, and such

preventative, advice and advocacy (including welfare rights), transport, respite and other services as may be needed to help people remain independent in their own homes;

2. The promotion of effective partnerships with health and other agencies in the public, private and voluntary sectors to support the above. “
4. “Any other issues relevant to supporting vulnerable adults in the community or promoting good health in Barnet, directly or in partnership with others. “

## **9. BACKGROUND INFORMATION**

9.1 In 2006 NHS London commissioned a London wide review of the provision healthcare services. The review was conducted by Professor Ara Darzi, a leading clinician who was given the brief of looking at current provision and the way in which future services could be reconfigured with a view to providing Londoners with a range of services delivered and managed in the most effective way. In doing this he identifies five core principles which include localised, integrated care where possible, focusing on individual needs and choice and a greater focus on health inequalities and diversity.

9.2 The review document, “Healthcare for London - A Framework for Action”, was published in July 2007 and provided models of healthcare provision which have become widely regarded by both clinicians and policymakers as providing a blueprint for how healthcare services should be formulated. Focusing on primary care and secondary care as starting points, Prof. Darzi identifies a need to provide localised community based care and primary care services at a level delivered between GP practices and local hospitals. In parallel with this, more specialist hospitals also need to be developed. A further model that is identified and supported by Professor Darzi is the development of polyclinics.

### **9.3 Issues to Consider**

9.4 NHS London have now issued guidance to London Primary Care Trusts and has said that the document will be put to consultation which will begin on 29<sup>th</sup> October and will run for 14 weeks. The primary issue for the council to consider is the way in which the consultation document will be scrutinised. Under the “Overview and Scrutiny of Health Department of Health Guidance, published July 2003, regulation 10 enables the secretary of state to make directions to authorities requiring the establishment of joint committees. Direction will be made to establish joint committees to respond to consultations on any proposal to substantially develop or vary services where those services are provided to areas that span more than one overview and scrutiny committee.

9.5 The council will therefore be required to take a view as to whether to participate in a London wide joint health scrutiny committee. All local authorities whose residents receive services provided or commissioned by the NHS body proposing the change may participate in the joint committee. Only

the joint committee, not individual overview and scrutiny committees may then comment back to the NHS. During the consultation, the NHS is under a duty to respond to enquires and requests for information from the joint committee.

**9.6 How will a London wide Joint Overview and Scrutiny Committee (JOSC) Operate?**

9.7 The London Boroughs will need to take a view as to whether they wish to participate in a JOSC and some may elect not to participate. It must be understood that only the JOSC has the statutory power to request information on the subject matter of the consultation, in this case, Healthcare for London - A Framework for Action. The NHS London as the consulting body has a single responsibility to respond to the JOSC and is under no obligation to respond to individual overview and scrutiny committees.

**9.8** London Councils is facilitating a meeting of scrutiny officers which is taking place on 10 September. The issues being considered include the number of members which might be appointed, the use of resources, terms of reference and the constitutional appointment process that each borough will be subject to, in accordance with their own constitutions. The possible timeframe for the establishment of the JOSC and the extent to which it will run has been proposed as November 2007 to February or March 2008. **A further addendum to this report will be made available, following this meeting reporting on any additional issues.**

9.9 Barnet Council has experience of joint health committees and is currently participating in the Barnet, Enfield and Haringey Clinical Strategy, Joint Health Scrutiny Committee. This is due to end on the 19 October, coinciding with end of the consultation period for the strategy.

9.10 This policy document encapsulates profound changes in which London residents receive healthcare services.

**10. LIST OF BACKGROUND PAPERS**

10.1 Health and Social Care Act 2001, Overview and Scrutiny of Health Department of Health Guidance, July 2003.

10.2 Anyone wishing to inspect this document should contact Bathsheba Mall, on 020 83597034.

LS: MM