



Council

Thursday 28 November 2024

**Confirmation of Cabinet and Committee Recommendations and relevant
Originating Background Papers**

Item on Summons	Cabinet / Committee Recommendation	Originating Report
	Recommendation I:	Overview and Scrutiny Committee (5 November 2024)
9.	Mount Vernon Cancer Centre Joint Health Overview and Scrutiny Committee Membership	Report of Assistant Director of Corporate Strategy (Pages 3 - 22)

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**Report for: Overview and Scrutiny
Committee**

Date of Meeting:	5 November 2024
Subject:	Mount Vernon Cancer Centre Joint Health Overview and Scrutiny Committee (MVCC JHOSC) Membership
Responsible Officer:	Shumaila Dar, Assistant Director of Corporate Strategy
Scrutiny Lead Member area:	Health Scrutiny Lead Members: Cllr Chetna Halai (also Chair of Health & Social Care Scrutiny Sub-Committee) Cllr Rashmi Kalu Cllr Maxine Henson (Vice-Chair of Health & Social Care Scrutiny Sub-Committee)
Exempt:	No
Wards affected:	All
Enclosures:	Appendix A: NHS England Briefing on the Mount Vernon Cancer Centre Strategic Review Appendix B: Draft Terms of Reference for the MVCC JHOSC (from Hertfordshire County Council)

Section 1 – Summary and Recommendations

1. Specialist cancer services are delivered at the Mount Vernon Cancer Centre (MVCC) in Northwood, treating a number of patients from Harrow. Given long standing concerns about the condition of the buildings and ability to deliver increasingly complex procedures at a stand-alone site, NHS England (NHSE) reviewed services in 2019 and is now developing consultation on proposals for change to services at MVCC.
2. To scrutinise the consultation and proposals a Joint Health Overview Scrutiny Committee (JHOSC) is being established and this report sets out the background issues and guidance for Harrow to participate in this new JHOSC.

Recommendations:

3. That the Overview and Scrutiny Committee recommends to Council that it:
 - a) agrees London Borough of Harrow's full participation in the MVCC Joint Health Overview Scrutiny Committee (JHOSC) that is being set up by and will be chaired by Hertfordshire County Council;
 - b) agrees the appointment of the Chair of Harrow's Health & Social Care Scrutiny Sub-Committee as Harrow's member on the JHOSC;
 - c) the appointment of any further member/s representing Harrow at the JHOSC be delegated to the Chair and Vice-Chair of the Overview and Scrutiny Committee, in the interest of timeliness; and
 - d) requests that Harrow officers work with officers in other authorities on the creation of the JHOSC, its terms of reference and programme of work, and any other administration to expedite its effective working.

Section 2 – Report

4. Detail on the background to the MVCC proposals and proposed consultation on changes to services at MVCC are outlined in the briefing paper from NHS England (appendix A).

Background

5. Originally a tuberculosis sanatorium built in 1901 and becoming a cancer hospital in the 1960s, the Mount Vernon Cancer Centre (MVCC) in Northwood provides non-surgical specialist cancer care for

patients across Hertfordshire, North West London, Bedfordshire and parts of Buckinghamshire and East Berkshire. The main services it provides are radiotherapy, including brachytherapy and Systemic Anti-Cancer Therapies (SACT) which is mainly chemotherapy and immunotherapy.

6. MVCC services are commissioned by NHS England and Improvement (NHSE) and cover a population of more than two million people with approximately 13,000 patients attending the centre each year. The services are run by East and North Hertfordshire NHS Trust (ENHT), which is a district general hospital trust within the Mount Vernon catchment area.
7. North West London ICB has been a partner in the review of MVCC and the development of proposals for its future. Not all cancer patients in Harrow need specialist care and many can be managed locally. However, some do need specialist care, for example for complex treatment, clinical trials or radiotherapy. Some will go into London for their treatment, whilst for others, particularly in the north of Harrow, MVCC is their nearest specialised cancer centre.
8. In 2023/24, 1,089 patients from Harrow attended Mount Vernon Cancer Centre. This was 8.9% of the patients who attended, who in total had 15,303 interactions with the cancer centre.

The need for change at MVCC

9. Following a review of MVCC services, a report of a 2019 Independent Clinical Advisory Group stated:

“There is increasing concern as to whether high quality, safe and sustainable oncology services can continue to be delivered within the existing organisational framework and there is an urgent need to address this concern.”

10. They made several findings, including:
 - a) Maintaining safety of patients cannot be guaranteed in the near future – status quo is not an option and there is a need for urgent action.
 - b) To provide modern oncology care, comprehensive medical and surgical support services including ITU are needed – this is not now available at MVCC.
 - c) Deskilling of existing inpatient nursing staff as acutely unwell patients transferred out. Loss of ability to undertake practical interventions on site e.g. draining ascites.
 - d) Need for an inpatient integrated service in order to manage acutely unwell patients. Concern about the quality of integrated care for patients currently transferred out to non-specialist district general hospitals impacting upon patient management.
 - e) Dividing up the existing catchment to surrounding providers would be unacceptable due to disrupted patient flows, insufficient capacity and access concerns, loss of workforce cohesion and commitment.

11. After the review, and following expressions of interest, agreement was reached that the management would be transferred from ENHT to University College Hospital London (UCHL) following a process of due diligence which includes identification of the capital required to deliver the essential clinical and estates changes highlighted in the review.
12. In addition, the review identified two main options to address the long-term issues. These are full replacement on an acute site or an ambulatory¹ hub. Both would require capital investment. Following further analysis the ambulatory hub option was deemed unacceptable as it would still require a full complement of services and be located at an acute district general hospital site to ensure the maximum levels of care are available (consultant, nursing, radiographer, physiotherapy and oncology pharmacy staff, and chemotherapy or radiotherapy).
13. This led to the development of a proposed solution to relocate the MVCC to an acute hospital site, with Watford General being identified as the preferred solution. This followed a significant amount of patient and public involvement. However, at that time no source of capital had been identified and there was no agreement to move towards public consultation.
14. Watford is the closest acute hospital to the current site and so presents the smallest change in travel times of any option. It is not anticipated that the change would mean a significant difference in travel times for Harrow patients.
15. Harrow's Health & Social Care Scrutiny Sub-Committee were kept abreast of progress by NHSE through briefings and reports to committee in February and June 2021.
16. Capital funding routes for the preferred option continue to be explored and a national planning committee has now agreed that this is a priority and that the proposals should be consulted on in public so that detailed planning can take place on urgent short-term and long-term changes to the services whilst the capital issue is resolved.

Joint Health Overview Scrutiny Committee (JHOSC)

17. NHSE is now working with stakeholders to develop proposals for a permanent solution to the issues flagged by the 2019 review. The consultation will potentially include all authorities from which patients are drawn. This will require the creation of a JHOSC comprising those areas. The consultation is scheduled to commence late 2024. Under regulation 30, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires local authorities to appoint joint committees where relevant NHS body or health service providers consult more than one local authority's health scrutiny function about substantial reconfiguration proposals.

¹ Ambulatory care means services provided as an outpatient, where you do not need to stay in hospital.

18. Membership of the joint committee has not yet been finalised. Each Local Authority that wishes to participate on the JHOSC will be allocated places depending on the number of patients from their area that access services provided by MVCC and will need to go through their own council governance processes to agree participation in the JHOSC and appoint member(s).
19. Given that Harrow has just over 1,000 patients accessing services provided by MVCC, it is likely that Harrow will need to nominate two members to join the JHOSC, dependant on the final number of Local Authorities that join the joint committee. It is suggested that these members are taken from the current membership on the Health & Social Care Scrutiny Sub-Committee and the Scrutiny Lead members for Health.
20. As Hertfordshire is the local authority area with the largest patient flow to MVCC, it is proposed that a Hertfordshire member chairs the JHOSC. Hillingdon has the next largest patient flow and will take the vice chair position. Hertfordshire County Council will therefore host the joint committee and provide officer and administrative support.
21. Officers have worked on the draft Terms of Reference for the JHOSC including quoracy, number of meetings, administrative support. This is provided in Appendix B. It is proposed that meetings take a thematic approach, exploring areas such as co-location at Watford General Hospital; UCLH management of services; transport and access; services closer to home including radiotherapy and chemotherapy; and consultation.

Options for participation in JHOSC

22. The London Borough of Harrow has been asked to consider whether it wishes to participate in a Joint Health Overview and Scrutiny Committee on the MVCC, with the following options for the level of its participation.
 - a. OPTION A: To be involved in the full joint committee and take the necessary steps to formalise this. This option includes voting rights.
 - b. OPTION B: To attend joint committee meetings as an interested party, participating in discussions affecting the Harrow population but not undertaking a formal scrutiny role on the joint committee.
 - c. OPTION C: To not participate in the joint committee but to receive formal communication.
23. It is recommended that Harrow pursues Option A given the patient numbers of Harrow residents accessing services at MVCC (1,089 in 2023/24, representing the third highest patient flow of all Local Authorities), the geographical location of the MVCC as well as the proposed new site of Watford General Hospital, in addition to the impact on Harrow residents of the proposed additional services at Northwick Park Hospital. Under the proposals, there will be increased

chemotherapy facilities at Northwick Park Hospital so that more patients can have chemotherapy nearer to where they live.

Ward Councillors' comments

24. Not applicable as affects all wards.

Financial Implications

25. There are no financial implications directly associated with this report.

Performance Issues

26. There are no performance implications directly associated with this report.

Environmental Impact

27. There are no environmental implications directly associated with this report.

Risk Management Implications

28. There are no risk implications directly associated with this report.

29. Risks included on corporate or directorate risk register? **No**

30. Separate risk register in place? **No**

31. The relevant risks contained in the register are attached/summarised below. **n/a**

Legal Implications

32. The terms of reference of the Overview and Scrutiny Committee includes responding to consultations from local health trusts, Department of Health and any organisation which provides health services outside the local authority's area to inhabitants within it.

33. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires local authorities to appoint joint committees where relevant NHS body or health service providers consult more than one local authority's health scrutiny function about substantial reconfiguration proposals.

Equalities implications / Public Sector Equality Duty

34. Was an Equality Impact Assessment carried out? No

35. An EQIA is not relevant to participation in a JHOSC. NHS England has reflected on the relevant NHS Health Impact Assessment in their development of proposals for changes to the MVCC services. The JHOSC can scrutinise this in their deliberations of the proposals.

Council Priorities

36. Participation in the MVCC JHOSC will help the council deliver the priorities on:

- A council that puts residents first and;
- A place where those in need are supported

Section 3 - Statutory Officer Clearance

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 17 October 2024

Chief Officer: Shumaila Dar

Signed by the Assistant Director of Corporate Strategy

Date: 23 October 2024

Mandatory Checks

Ward Councillors notified: **NO**, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Nahreen Matlib, Deputy Head of Policy,
Nahreen.matlib@harrow.gov.uk

Background Papers: none

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----------|
| 1. Consultation | YES / NO |
| 2. Priorities | YES / NO |

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Mount Vernon Cancer Centre Strategic Review

Report to Harrow Health Scrutiny Committee

October 2024

Jessamy Kinghorn, NHS England

1.0 Purpose

The purpose of this paper is to provide Harrow Health Scrutiny members with a briefing about proposals for changes to Mount Vernon Cancer Centre services, and what this might mean for patients.

2.0 Background

NHS England has been working jointly with the NHS and other partners in Hertfordshire, North West London, Bedfordshire, Buckinghamshire, East Berkshire and North Central London, to lead a review of Mount Vernon Cancer Centre services.

This followed the report of a 2019 Independent Clinical Advisory Group which stated:

“There is increasing concern as to whether high quality, safe and sustainable oncology services can continue to be delivered within the existing organisational framework and there is an urgent need to address this concern.” They made several findings, including:

- Maintaining safety of patients cannot be guaranteed in the near future – status quo is not an option – there is a need for urgent action.
- To provide modern oncology care, comprehensive medical and surgical support services including ITU are needed – this is not now available at MVCC.
- Deskillling of existing inpatient nursing staff as acutely unwell patients transferred out. Loss of ability to undertake practical interventions on site e.g. draining ascites.
- Need for an inpatient integrated service in order to manage acutely unwell patients (due to unpredictable toxicities of immunotherapies, intensive chemotherapy / radiotherapy regimens and comorbidities). Concern about the quality of integrated care for patients currently transferred out to non-specialist DGHS impacting upon patient management
- Dividing up the existing catchment to surrounding providers would be unacceptable due to disrupted patient flows, insufficient capacity and access concerns, loss of workforce cohesion and commitment.



2.1 Response to the independent clinical review

The response to the report resulted in a number of actions to strengthen services and improve the site in the short term. However, these cannot resolve the long-term challenges which primarily relate to the lack of co-located services on the site, including intensive care.

This led to the development of a proposed solution to relocate the Mount Vernon Cancer Centre to an acute hospital site, with Watford being identified as the preferred solution. This followed a significant amount of patient and public involvement and was presented to this committee in 2021. However, at that time no source of capital had been identified and there was no agreement to move towards public consultation.

Alternative options considered including a do minimum option and dispersal of the service to other cancer centres but neither of these were considered a viable solution to meet the needs of patients.

Other acute hospital sites were considered, but only Watford met all the key criteria.

Acute site	Critical Care (Note 1)	Co-located services (Note 2)	Average travel time (Note 3)	Increases in 30 min drive times (Note 4)	Public transport (Note 5)
Bedford	✓	✓			
Harefield	✓		✓	✓	
Hillingdon	✓	✓	✓	✓	
Lister	✓	✓			
Luton	✓	✓	✓		
Northwick Park	✓	✓	✓		✓
Stoke Mandeville	✓	✓			
Watford	✓	✓	✓	✓	✓
Wexham Park	✓	✓			

- Key Criteria: Critical Care Provision; Other co-located acute services; Geographical Accessibility
 - No more than 5-minute increase per journey in average travel times for the population served
 - No more than 5 percentage point increase in the proportion of patients with long (30 minutes or more) travel time
 - No more than 5-minute increase in travel time by public transport for the population served AND no increase in the proportion of patient travelling more than 75 mins (each way)

Watford is the closest acute hospital to the current site and so presents the smallest change in travel times of any option. It is not anticipated that the change would mean a significant difference in travel times for Harrow patients.



The independent panel also recommended the cancer centre should be run by a specialist cancer provider and not a district general hospital as at present. Following a process, UCLH was identified as the preferred future provider to manage the service once capital had been identified to proceed with the relocation. UCLH is working with commissioners and East and North Hertfordshire NHS Trust, the current provider) to develop proposals for the future.

2.1 Clinical Senate

The East of England Clinical Senate has undertaken a review of the proposals. Their subsequent report supported the recommendation for a new, single-site specialist cancer centre on the Watford Hospital site, as well as improved local access to services such as chemotherapy and radiotherapy at linked sites.

The Clinical Senate made recommendations around IT, access to services and transport, and the addressing of social and health inequalities which have been taken forward by the programme team. This has included:

- An IT workstream looking at the digital infrastructure
- The launch of a chemotherapy at home service to improve access
- A transport pilot in Luton with the potential to roll out into other areas
- Extensive work to understand and identify and response to health inequalities, such as the inclusion of a heavily weighted criteria to reduce health inequalities as part of the decision making process on networked radiotherapy.

2.1 Capital Funding

During the summer of 2021, the Department of Health and Social Care announced that all new hospital capital requests were to be made through the New Hospital Programme and invited Expressions of Interest from schemes. In September 2021, UCLH submitted an expression of interest which, after 18 months of consideration, was unsuccessful when the additional schemes were announced in May 2023.

Discussions have continued with national colleagues. These have included a thorough assessment of potential alternatives and of the implications of not proceeding. The capital costs associated with the relocation, including networked radiotherapy, are in the region of £400m at 2024 prices. Assessment of the costs of dispersing the service to cancer centres in Cambridge, Oxford and London showed a similarly high level of capital would be required as the capacity is not currently available elsewhere.

Capital funding routes for the preferred option continue to be explored and a national planning committee has now agreed that this is a priority and that the proposals should be consulted on in public so that detailed planning can take place on urgent short-term and long-term changes to the services whilst the capital issue is resolved.

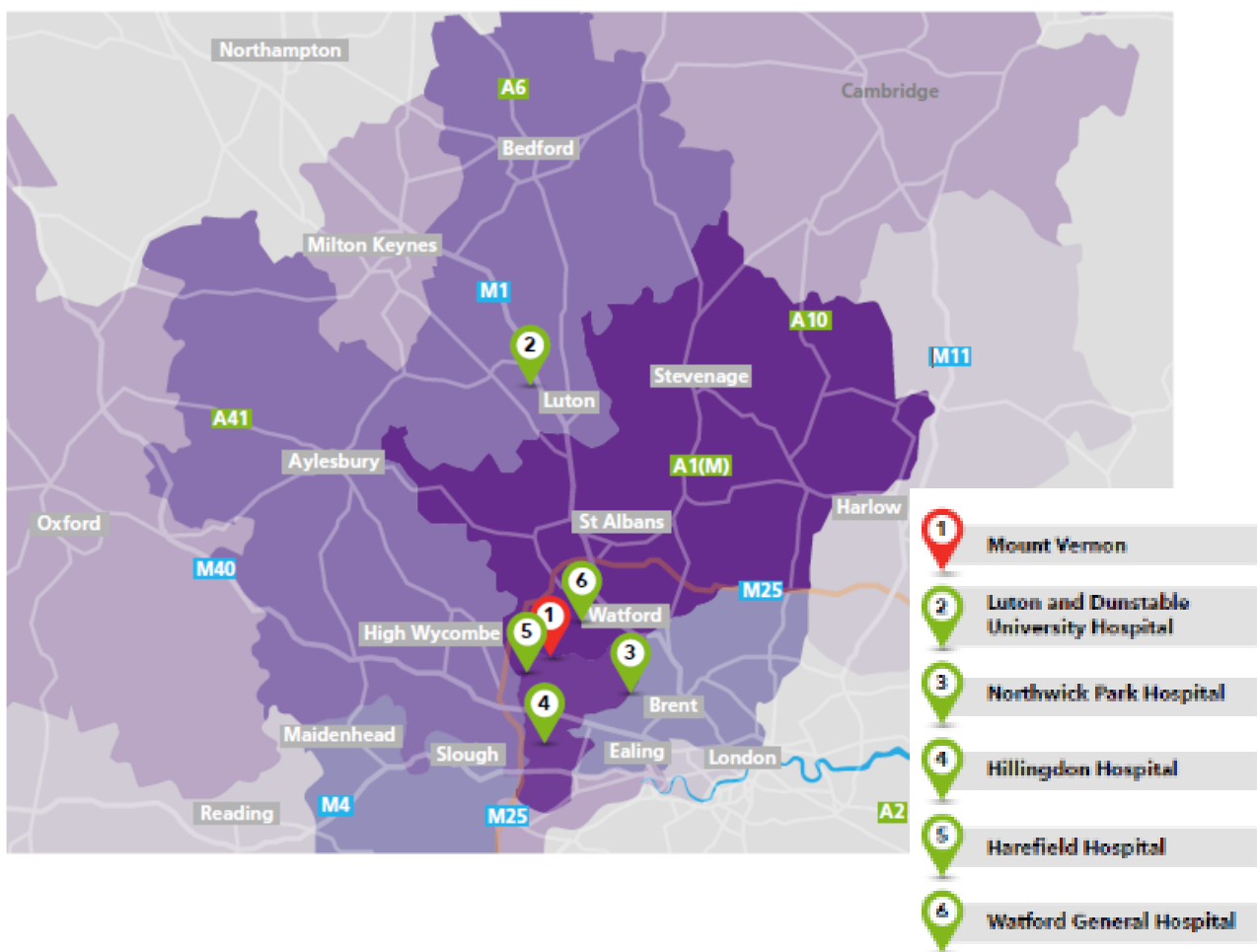


2.1 About the Cancer Centre

The Mount Vernon Cancer Centre in Northwood in Middlesex provides non-surgical specialist cancer care for patients across Hertfordshire, North London, Bedfordshire and parts of Buckinghamshire and East Berkshire. The main services it provides are radiotherapy, including brachytherapy and Systemic Anti-Cancer Therapies (SACT) which is mainly chemotherapy and immunotherapy.

The services are run by East and North Hertfordshire NHS Trust, which is a district general hospital trust within the Mount Vernon catchment area.

Mount Vernon Cancer Centre services are commissioned by NHS England and Improvement and cover a population of more than two million people with approximately 13,000 patients attending the centre each year.



3.0 Harrow activity at Mount Vernon Cancer Centre

North West London ICB has been a partner in the review of Mount Vernon Cancer Centre and the development of proposals for its future. Not all cancer patients in Harrow will need specialist care and can be managed locally. However, some do need specialist care, for example for complex treatment, clinical trials or radiotherapy. Some will go into London for their treatment, for others, particularly in the north of Harrow, MVCC is their nearest specialised cancer centre.



In 2023/24, 1,089 patients from Harrow attended Mount Vernon Cancer Centre. This was 8% of the patients who attended the cancer centre. This has remained stable – in 2017/18, 1,099 Harrow patients attended the cancer centre, 9% of the total.

The 1,089 patients who attended Mount Vernon Cancer Centre from Harrow in 2023/24, had 15,303 interactions with the cancer centre between them.

The table below shows patient figures from all areas for the 2023/24 financial year.

Region:	Number of patients 2023/24	Activity 2023/24	Average drive time	
			Current	Watford
Hertfordshire and West Essex ICB	5,549			
West and South Hertfordshire	3,682	56,880	25	21
East and North Hertfordshire	1,862	18,098	48	43
Bedfordshire, Luton and Milton Keynes ICB	1,491			
Bedfordshire	790	9,642	51	45
Luton	685	9,174	42	36
North West London ICB	4,147			
Hillingdon	1,866	29,084	16	27
Harrow	1,089	15,303	20	23
Brent	648	9,488	32	29
Ealing	509	7,792	27	37
North Central London ICB	139			
Barnet	106	1,532	38	30
Frimley Health ICB	397			
East Berkshire	392	5,359	33	41
Buckinghamshire, Oxfordshire and Berkshire ICB	967			
Buckinghamshire	930	10,829	29	35
All other areas	345			
TOTAL	12,972			

4.0 Summary of Proposals

The key proposals are summarised below. Additional initiatives to bring care closer to home are also being developed, such as the chemotherapy at home service that was piloted in 2023 with four of the chemotherapy treatments, and improvements to inter-hospital connectivity to facilitate local blood tests for specialised treatment.

- From 2024/25*: Increased chemotherapy facilities at Northwick Park so that more patients can have chemotherapy nearer to where they live
- From 2024/25*: Increased radiotherapy capacity at Hammersmith Hospital to extend choice of treatment provider to patients in Brent, Ealing and the South of Hillingdon
- From 2027/28*: An additional networked radiotherapy unit serving the north of the area – at either Luton or Stevenage, opening ahead of the new MVCC when the next Linear Accelerators are due to be replaced



- From 2030*: A new chemotherapy service at Hillingdon Hospital – upon opening of the new Hillingdon Hospital
- Proposal for the preferred option of relocation of the specialist cancer centre into a purpose-built facility on a main hospital site in Watford as soon as funding is made available
- Bringing the haematology service for the population back into the area (to Watford from UCLH), once a new MVCC is constructed, and creating an acute haematology ward within MVCC for Watford General Hospital patients

*Best current estimate. Dates are subject to range of external factors and the availability of capital.

5.0 Plans for Public Consultation

NHS England and its partners have been given the go-ahead to make plans for public consultation on these proposals. This is subject to the satisfactory completion of an assurance process and agreement of the pre-consultation business case and consultation plans by all commissioners. It is anticipated that the earliest a public consultation could start would be towards the end of the year.

Various surveys and more than 100 focus groups have been held in the development of these proposals which have had strong patient input.

An engagement and consultation planning group has been established with three regional sub-groups to plan public consultation. These include involvement from a broad range of partners. Throughout the consultation, a wide range of activities will take place across the Mount Vernon Cancer Centre catchment area. This will include:

- Face to face and virtual public meetings
- Consultation hearings where people can present evidence to the panel
- Events and focus groups
- Roadshows at the cancer centre
- Consultation documents and surveys at public libraries, hospitals etc.
- Videos and other digital material to support information and decision making
- Individual or organisational responses and submissions
- MVCC review website



5.1 Health Scrutiny

A Joint Health Scrutiny Committee is being established and councils in former CCG areas referring more than 100 patients to MVCC will be asked to consider how they would like to be consulted through the public consultation.

There are 13 scrutiny committees that fit this criteria:

- 4 in the East of England
- 4 in the South East
- 5 in London

An initial meeting with officers has been held, with 11 of 13 scrutiny committees represented. A further meeting with officers and chairs is planned to be held at MVCC.

Hertfordshire County Council is expected to chair the Joint HOSC as more than half the patients are from Hertfordshire. The local authority with the next largest number of patients is Hillingdon, who would be expected to take on the role of vice-chair.

The Hertfordshire Head of Democratic Services has proposed an approach that would see the JHOSC meet to discuss different themes, with the possibility that some local authorities opting in to participate in individual themes that are of interest to them without having to attend every meeting. Such themes could include radiotherapy and transport and access.

Smaller numbers of patients come from authorities across England and beyond (for example, Yorkshire and the Isle of Wight). There will be formal communication with these authorities although they will not be asked to participate in the JHOSC.

7.0 Recommendations

Harrow Health Scrutiny Committee is asked to note the progress of the Mount Vernon Cancer Centre review and the plans to move forward to consultation.

The committee is also asked to consider how it wishes to be involved in this process and whether it wishes to participate in a Joint Health Overview and Scrutiny Committee later this year.

- OPTION A: To be involved in the full joint committee and take the necessary steps to formalise this.
- OPTION B: To attend joint committee meetings as an interested party, participating in discussions affecting the Harrow population but not undertaking a formal scrutiny role on the joint committee.
- OPTION C: To not participate in the joint committee but to receive formal communication.

Further information about the background to the review, why things need to change, what is happening, and how to get involved, can be found at www.mvccreview.nhs.uk



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TERMS OF REFERENCE AND PROTOCOLS MOUNT VERNON JHOSC

1. TERMS OF REFERENCE

- 1.1 The Mount Vernon Cancer Centre (MVCC) JHOSC has the delegated powers from the *insert number* of Local Authorities as listed in the appendix to undertake the necessary functions of health scrutiny in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Local Health Scrutiny Regulations”), relating to reviewing and scrutinising the consultation proposals and consultation with regard to services currently delivered at the MVCC.

2. OBJECTIVES

- 1.1 To ensure that the needs of current patients of MVCC and the residents of the Local Authorities who access services at MVCC are considered as an integral element of the consultation proposals and consultation.

3. PROTOCOLS FOR WORKING

- 3.1 The Protocol for the MVCC JHOSC has been produced by the Local Authorities named in the appendix, NHS England, and NHS trusts. The Protocol provides a framework for scrutiny to take place.
- 3.2 The MVCC JHOSC will be positive, objective and constructive. It will concentrate on service outcomes and seek to add value.
- 3.3 The success of the MVCC JHOSC relies on key organisations working together in an atmosphere of mutual trust and respect, with an agreed understanding and commitment to its aims. The organisations involved in the scrutiny must be willing to share information, knowledge and reports which relate to the delivery and success of the scrutiny.
- 3.4 At all times councillors, officers and members of the organisation involved in the scrutiny, patient representatives and members of the public will be treated with respect and courtesy. Matters of confidentiality will be handled accordingly.
- 3.5 The MVCC JHOSC, whilst working in partnership with the NHS and the health scrutiny committees of the Local Authorities sitting on the JHOSC and the voluntary and community sector, remains independent.

4. MEMBERSHIP

- 4.1 The MVCC JHOSC has the delegated powers from the Local Authorities listed in the appendix.

- 4.2 That participating Local Authorities have agreed each shall agree the number of members from each authority sitting on the JHOSC.
- 4.3 The MVCC JHOSC comprises of councillors from Local Authorities as listed in the appendix. That each council appoints members to the JHOSC as per their own arrangements.
- 4.4 Members of the JHOSC cannot be an executive or cabinet member of their Local Authority. A Local Authority may appoint a substitute to attend in the place of the named member on the JHOSC provided they are not an executive or cabinet member of the Local Authority or a member of an NHS trust.
- 4.5 Representatives from Local Authorities not sitting on the JHOSC but with residents that use services at MVCC are invited to attend all or selective meetings if they wish. They may be allowed to ask questions with the agreement of the chairman. Alternatively, they may wish to be keep informed through receipt of agenda papers.
- 4.6 Officers of individual health scrutiny committees of the Local Authorities sitting on the JHOSC are invited to attend to support and advise councillors from their Local Authority on health scrutiny issues and will have access to all agendas, briefing notes and minutes.

5. CHAIRING, VOTING AND STANDING ORDERS

- 5.1 The Chairman and Vice Chairman of the MVCC JHOSC will be appointed by the MVCC JHOSC at its first meeting.
- 5.2 If a vote is taken only the Local Authorities sitting on JHOSC have voting rights. Any substitutes will have the same voting rights as the named member for their Local Authority. Each Member of the JHOSC will have one vote. Voting will be made by a simple majority, the Chairman will have the casting vote.
- 5.3 Quoracy for meetings of the JHOSC will be *insert number* members of the constituent councils of the joint committee.
- 5.4 The requirement for political proportionality is waived. If eligible, each Local Authority may apply proportionality in their own appointment process if they wish.
- 5.5 The JHOSC will operate under the standing orders of the lead administrative Local Authority.
- 5.6 The MVCC JHOSC will be open and transparent. Any person involved in the JHOSC will declare any personal or other pecuniary interest that they have in accordance with the Code of Conduct relating to standards of conduct and ethics of the lead administrative Local Authority.

6. MEETINGS AND REPORT

- 6.1 Dates of meetings will be confirmed at the first meeting of the MVCC JHOSC. In addition, extra meetings may be scheduled to effectively expedite the work. The MVCC JHOSC is responsible for setting its own agenda.
- 6.2 The dates and times of meetings of the JHOSC, agendas, minutes and reports will be circulated to members and partners in accordance with the Local Government (Access to Information) Act 1985. Agenda, minutes and committee papers will be published on the websites of all the local authorities sitting as part of the joint committee 5 working days before the meeting.
- 6.3 Once it has formed recommendations on the proposals and quality of the consultation the MVCC JHOSC will prepare a formal report. All members of the MVCC JHOSC will be consulted on the draft report before it is published. The final report will be published on organisational websites and circulated in accordance with the regulations on health scrutiny.
- 6.4 All members of the MVCC JHOSC to be informed of any press releases relating to the scrutiny.
- 6.5 Officers from Hertfordshire County Council and the London Borough of Hillingdon will provide advice and administrative support to the joint committee.

7. EXPECTATIONS UPON RELEVANT BODIES

The ICSs, NHS England, UK Health Security Agency (formerly Public Health England) and NHS trusts will:

- work in partnership with MVCC Joint Scrutiny Committee to provide objective and effective scrutiny.
- provide information required by the MVCC Joint Scrutiny Committee to undertake its work.
- provide the MVCC JHOSC with such information within one month of the receipt of the request.
- ensure that officers attending MVCC Joint Scrutiny Committee meetings are able to answer questions openly and are given appropriate support by their line managers.

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