

Notes of Joint Authority Scrutiny Meeting

Held at 11.00 am, Thursday, 10th July
Committee Room 4, Harrow Civic Centre

Present: Bill Hamilton, Bedfordshire County Council
Councillor David Reedman, Bedfordshire County Council
Lynda Dent, Beds and Herts SHA
Guy Fiegehen, London Borough of Hillingdon
Councillor Marie-Louise Nolan, London Borough of Harrow
Bron Beckford, London Borough of Harrow
Frances Hawkins, London Borough of Harrow
David Burnell, London Borough of Harrow
Rob Mills, London Borough of Barnet
Roger Edwards, Buckinghamshire County Council
Clare Kaye Hertfordshire County Council

Jill Weddle, Committee Administrator, Hertfordshire County Council
Heather Smith, Committee Administrator, London Borough of Harrow

Actions

Members briefly introduced themselves.

The North West London Strategic Health Authority and the Beds and Herts Strategic Health Authority were both currently consulting on proposals for future cancer services in their areas.

It was anticipated that the Department of Health would very shortly issue a Directive to Bedfordshire, Harrow, Luton, Hillingdon and Hertfordshire (and possibly Barnet) Local Authorities to jointly scrutinise the proposals for Mount Vernon Hospital and the transfer of cancer services away from Mount Vernon. It was expected that this Direction would be received next week (week commencing 14 July). Each Authority could therefore be under an obligation to participate in a joint committee to consider the proposals and respond to the consultations from these two Health Authorities.

The details of the Government's Direction had not been identified but it was believed that each Local Authority would be instructed to come together to form a joint committee and to determine a response to the StHAs although each Authority would still have freedom to respond individually by 1st September submission deadline to the wider Investing in Your Health document and, it would appear, to the specific Proposals for Mount Vernon..

The joint committee would need to focus on the future proposals for Mount

Vernon and not the wider proposals for Bedfordshire and Hertfordshire.

Members were therefore invited to consider how to take the issue of joint scrutiny forward and the following issues were raised:

- **Timescale:** deep concern was expressed by all over the very short timescale which was available during late July and August to establish the joint committee and to identify the issues and respond to the consultations. The meeting felt that sufficient time should be allowed to consult, consider and respond properly in order to avoid any challenge by judicial review. The process must therefore be transparent and clear and there was a general feeling that it was questionable if this could be done in the timescale available. It was however agreed by all that although the time available was felt to be inadequate, if the StHA decision was delayed by more than a few weeks then they would miss this years bidding round and so delay the whole health improvement process by at least a year. Everyone agreed that this should not be allowed to happen and every effort would therefore be made to meet the consultation deadline.
- **Conflicts of interest:** the possibility of (a) minority report(s) was accepted and would only be required if the final submitted report did not reflect all the views and concerns of all members.
- **Composition and size of committee:** the meeting felt that the larger the committee, the more difficult it would be to convene the meeting. The meeting considered if there were any political constraints over what would be feasible and possible and addressed issues in relation to the political proportionality of the committee, which it was felt may be particularly difficult to achieve. It was noted that if no Member objected from each Local Authority involved, then political proportionality could legally be waived. However, following discussion it was agreed that two Members from each of the Local Authorities named in the Direction Order should be nominated to represent their Local Authority on the joint committee. Other interested Local Authorities could also be invited although voting rights would require further consideration. Political proportionality, once identified, may require tweaking in order to get the appropriate political balance.
- **Mechanics:** The joint committee would seek approval from the Beds and Herts Strategic Health Authority to submit by the NW London StHA's later consultation deadline of 13 September, rather than the Beds & Herts StHA's consultation date of 1 September.
- **Evidence:** The joint committee would need to ensure that there would be no risk of legal challenge from community groups who felt that they had been excluded from the consultation process. Representatives of the joint committee must therefore ensure that there would be an opportunity for all interested parties to submit their views to their Local Authority prior to joint committee consideration. Given the timescale available, the meeting agreed that the best way to achieve this would be for each Local Authority to publicly invite written submissions. Independent appraisal of evidence submitted would advise the joint committee on which submissions should be called-in for further consideration. The joint committee would also consider which additional witnesses it would also wish to invite in order to give evidence, for instance, the SHAs, Mount Vernon Hospital, and a representative able to

- outline the national perspective on cancer treatment services.
- **Process:** it was agreed that there would be a requirement to have at least four meetings. Officers would arrange for each Local Authority to identify two nominated Members, representing political proportionality, who could take the process forward as follows:
 1. A meeting to establish the joint committee of those named in the Directive would be arranged to take place at 6.30 pm, 30th July at Harrow Civic Centre, assuming the Directive had been received at least 7 days prior to this date. This meeting would determine the 'Terms of Reference' and decide if, for example, it would be appropriate to adopt, co-opt other partners. Bill Hamilton agreed to convene the meeting and circulate a draft Agenda for comment next week. All
Bill
Hamilton
 2. A subsequent meeting to consider the evidence submitted to each Local Authority and agree joint committee response headlines. The joint committee would receive evidence and invite additional representatives from appropriate bodies. This would be a public meeting. Each Local Authority should take responsibility for issuing a local public notice in local newspapers to announce that the joint scrutiny evidence meeting would take place and invite written submissions. It was also suggested that this could also be further promoted on the council websites. All
 3. A meeting to formally approve the response to be submitted to the StHAs All
 4. Possible further meeting to scrutinise the decision. All
- Substitute representatives would be allowed to attend each meeting and any Local Authority which decided not to take part in this process would lose its right to submit a response.

In addition, the meeting felt that there was a need to express to the Department of Health that this process of Direction and joint scrutiny was generally felt to be very unsatisfactory, particularly given that no resources had been made available. All members were therefore encouraged to make it very clear to the Department of Health that this was unacceptable and enlist the support of MPs, the LGA, the Democratic Health Network and others to highlight the need for a better system with adequate resources.

Date of Next Meeting: 6.30 pm, 30th July 2003, Harrow Civic Centre