Harrow COUNCIL LONDON

Meeting:	Overview and Scrutiny Committee
Date:	25 September 2007
Subject:	'Healthcare for London: A Framework for Action' – preparing for a possible joint overview and scrutiny committee
Key Decision: (Executive-side only)	N/A
Responsible Officer:	Director of People, Performance and Policy
Portfolio Holder:	Strategy and Business Support Portfolio Holder
Exempt:	No
Enclosures:	1) Healthcare for London Summary document 2) Discussion paper from London Scrutiny Network informal officers' meeting 10 September 2007

Section 1 – Summary and Recommendations

This report sets out a brief summary of the *Healthcare for London: A Framework for Action* report (the 'Darzi Review'). It also outlines the issues that the Overview and Scrutiny Committee need to consider in deciding whether Harrow should participate in a Joint Overview and Scrutiny Committee on the models of care and the consultation process, should other London boroughs establish one.

Recommendations:

The Committee is asked to:

1. Consider the summary of *Healthcare for London: A Framework for Action*.
2. Consider the relative merits of Harrow participating in a pan-London JOSC, should one be established, to consider the models of care and consultation process (first-stage consultation).
3. Arrive at a decision as to whether Harrow scrutiny should participate in the first-stage JOSC, and if so, ask full Council to appoint Harrow representative(s) and reserve(s).
4. Give preliminary thought to participation in the second-stage JOSC(s) on area-specific proposals (geographical and clinical areas).

Section 2 – Report

Summary

In December 2006, NHS London asked Professor Ara Darzi to carry out a review of London's healthcare. Professor Darzi worked with clinical experts throughout the capital and abroad, held large-scale public engagement events and undertook an opinion survey on the public's perception of London's healthcare to help formulate his recommendations.

Healthcare for London: A Framework for Action sets out:

- Eight reasons why the status-quo of healthcare in London is unacceptable.
- How healthcare in London will need to change over the next ten years, driven by demographic changes and technological developments.
- Common principles for future healthcare services and seven specific clinical areas.
- Future models for how care should be organised.
- Some of the drivers that will make the report's recommendations a reality, and the next steps.

The framework for consultation from NHS London proposes a first-stage pan-London formal consultation on the models of care and delivery models set out in *Healthcare for London A Framework for Action*. Second-stage consultation on the application of these models of service in London would be subject to the outcome of consultation on the models and follow on from that consultation.

Local authorities have been notified that NHS London expect decisions by individual PCT Boards in September to trigger a statutory requirement on London Boroughs and the Common Council of the City of London to form a Joint Overview and Scrutiny Committee (JOSC):

- JOSC on first-stage consultation (pan-London) to consider and respond to consultation on the models of care and delivery set out in *A Framework for London* and to assess the adequacy of the consultation process.
- JOSC(s) on second-stage consultations to consider and respond to the consultation on area-specific proposals (geographical and clinical areas) and to assess the consultation process.

The full *Healthcare for London A Framework for Action* document can be found at:
http://www.healthcareforlondon.nhs.uk/framework_for_action.asp

Background

In December 2006, NHS London asked Professor Ara Darzi to carry out a review of London's healthcare. Professor Darzi worked with clinical experts throughout the capital and abroad, held large-scale public engagement events and undertook an opinion survey on the public's perception of London's healthcare to help formulate his recommendations. The report was published in July 2007.

HEALTHCARE FOR LONDON: A FRAMEWORK FOR ACTION – THE

DARZI REPORT

The case for change

The report states a number of arguments for a fundamental change in healthcare for London:

- The need to improve Londoners' health – there are some health challenges specific to London e.g. high rates of HIV, substance abuse, mental health problems and childhood obesity.
- The NHS is not meeting Londoners' expectations – 27% of Londoners are dissatisfied with the running of the NHS compared with 18% nationally.
- London is one city, but there are big inequalities in health and healthcare – London-wide data can mask significant disparities e.g. the variation in GP distribution.
- The hospital is not always the answer – as set out in the health white paper last year, most people are best cared for by community services, yet 97% of London outpatient appointments still take place in hospital.
- The need to provide more specialised care – so as to ensure sufficient volumes of work to maintain specialist staff expertise, support high-tech facilities and allow comprehensive consultant presence, specialised services need to be centralised in fewer hospitals catering for large populations.
- London should be at the cutting edge of medicine.
- The NHS is not using its workforce and buildings effectively – productivity levels in London are lower than elsewhere in England.
- The need to make best use of taxpayers' money.
- Building an NHS with the capacity to meet not only today's challenges but also those of the future - possibly the biggest such challenge will come form London's growing and ageing population.

Five principles for change

The report's recommendations are based on five principles:

1. Services focused on individual needs and choices – patients should feel in control of their care and be able to make informed choices.
2. Localise where possible, centralise where necessary – routine healthcare should be close to home with more complex care centralised to ensure it is carried out by the most skilled professionals with most cutting-edge equipment.
3. Truly integrate care and partnership working, maximising the contribution of the entire workforce – better cooperation and communication is needed. Care should be multidisciplinary.
4. Prevention is better than cure – health improvement, including proactive care for people with long-term conditions, should be embedded in everything the NHS does.
5. A focus on health inequalities and diversity - the most deprived areas of London, with the greatest health needs, need better access to high-quality healthcare.

More detail on these principles is provided in the attached Healthcare for London Summary document (Appendix B).

Models of healthcare provision

The review's focus has been on services, not institutions and buildings and therefore the process was built around looking at what form future care should take in seven different forms. At present, London does not have the infrastructure and facilities to provide the ideal care outlined by the clinical working groups and new models of provision will be needed.

There are two stark needs. Firstly there is a need to provide a new kind of community-based care at a level that falls between the current GP practice and traditional district general hospitals. Secondly there is a need to develop hospitals that are more specialist and able to deliver excellent outcomes in complex cases. These two needs lead to the proposal of seven models of healthcare provision for the future:

1. More healthcare should be provided at **home**.
2. New facilities called **polyclinics** will be where most routine healthcare needs will be met. The range of services at polyclinics will far exceed those currently offered at GP practices and will be large high-quality community facilities. Polyclinics will offer extended opening hours across a wide range of services e.g. antenatal/postnatal care, healthy living information, community mental health services, community care and social care, as well as the infrastructure to move services out of hospital settings. Professor Darzi identifies the development of five to ten polyclinics by April 2009 as one the short-term activities to show that the NHS is serious about this *Framework*.
3. **Local hospitals** should provide the majority of inpatient care.
4. Most high-throughput surgery should be provided in **elective centres**.
5. Some hospitals should be designated as **major acute hospitals** and handle the most complex treatments.
6. Existing specialist hospitals should be valued and others encouraged to specialise.
7. **Academic Health Science Centres** should be developed as centres of clinical and research excellence.

Detailed feasibility modelling suggests that the proposed new model saves the NHS £1.4 billion each year.

More detail on the report is contained in the attached Healthcare for London Summary document. The full document can be found at:
http://www.healthcareforlondon.nhs.uk/framework_for_action.asp

IMPLICATIONS FOR SCRUTINY

Joint Overview and Scrutiny Committees (JOSC)

In July 2003 the Secretary of State for Health issued a Direction that when an NHS body consults with more than one health OSC (because proposals affect residents in each of their areas) and those health OSCs consider the proposals to be “substantial” variations to service delivery, the health OSCs are required to form a joint OSC (JOSC). Only the JOSC has the statutory power to request information relating to the issue being consulted upon.

First-stage consultation

The framework for consultation from NHS London proposes a first-stage pan-London formal consultation on the models of care and delivery models set out in *A Framework for Action*. Local authorities have been notified that NHS London expect decisions by individual PCT Boards in September to trigger a statutory requirement on London Boroughs and the Common Council of the City of London to form a Joint Overview and Scrutiny Committee (JOSC) to consider and respond to consultation on the models of care and delivery set out in *A Framework for London* and assess the consultation process.

The formal 14-week first-stage public consultation period led by PCTs will run from November 2007 to early February 2008.

Second-stage consultation
Second-stage consultation on the application of these models of service in London would be subject to the outcome of consultation on the models and follow on from that consultation. It is likely that these consultations would take place at different levels – pan-London, sector (a cluster of PCTs), or individual PCT – reflecting the nature of the changes being proposed e.g. changes to local service provision.

Preparatory steps for a Joint Overview and Scrutiny Committee
As an initial step, NHS London has already met with met with Hillingdon and Lambeth officers and the chair of the London Scrutiny Network (member) to discuss the arrangements that will be needed for the consultation and a possible JOSC. The London Scrutiny Network (officers) convened an informal meeting on 10 September to discuss preparation for arrangements and local authorities were asked to liaise with each other in determining who will lead on establishing a Joint Overview an Scrutiny Committee and details around composition, chairing and officer support.

Informal meeting of London Scrutiny Network Officers' meeting – 10 September
Scrutiny officers from across the London boroughs had been asked to gauge their own members' preliminary views on the prospect of a JOSC and met on 10 September to discuss this. Appendix A provides the briefing paper that formed the basis for the discussions. In preparing for this meeting, the Scrutiny Team had sought the initial views of Councillors Michael and R Shah as the scrutiny policy and performance leads for health and social care respectively.

In relation to a borough's possible participation in a JOSC for the first-stage consultation (broad models of care and consultation process), the Network established a number of advantages and disadvantages. These are summarised in the table below:

Possible advantages for the local scrutiny committee	Possible disadvantages for the local scrutiny committee
Understanding - Develop an understanding of the Darzi review and its implications, especially for the future area-specific proposals concerning specific clinical areas or geographical areas.	**Lack of clarity** - As yet, there is a lack of clarity on what exactly NHS London/joint PCTs committee will be consulting upon. It will not be the *Healthcare for London: A Framework for Action* document per se but rather the broad models of care contained within it. Thus any JOSC cannot yet determine its terms of reference.
NHS duty to respond - The NHS is only obliged to formally provide evidence to and respond to the comments from the JOSC and not individual boroughs that may respond in their own right to the public consultation.	**Logistics** – A JOSC can be a logistical nightmare, in this case the resources and timing of involvement of possibly 30+ boroughs will be particularly challenging.
Networking - Networking	**Member commitment** – Extra

opportunities afforded by scrutiny councillors from London boroughs coming together to examine a shared health issue. This could help prepare for future JOSC work.	meetings to prepare for and attend, across London must be absorbed in to members' current commitments.
Executive/scrutiny interface - Using JOSC evidence and NHS responses could inform the development of any separate local authority response. Scrutiny and the Executive could work together to formulate a local authority stance.	**Detailed proposals** - Previous JOSC work across London has shown that often it is difficult not to agree with the broad principles of proposals but the more pertinent issues are in the finer detail e.g. area-specific proposals.
Raising scrutiny's profile - Raise the profile of scrutiny locally as Harrow is seen to be actively participating in a important piece health policy development.	**Later consultations (second-stage)** – The perceived risk that the first-stage JOSC 'ties your hands' with regard to future scrutiny of proposals. However support for the broad principles should not colour the views expressed in later consultations – they are separate consultations.
Second-stage consultation - Involvement in first-stage consultation could be seen to provide more 'validity' to any comments made in the second-stage consultation on more local proposals.	

The North West London Health Scrutiny Officers' Network has also had early discussions to gauge any regional perspective on possible JOSC work. These discussions involved scrutiny colleagues from Brent, Ealing, Hammersmith & Fulham, Hillingdon and Hounslow.

Timeline

The proposed timetable from NHS London for governance arrangements is as follows:

Key date	Activity
September 2007	PCT Boards to agree to consult
W/e 7 September	Draft consultation document agreed and patient/public involvement programme discussed with JOSC and PPI group
W/e 5 October	JOSC to consider draft consultation paper and outline PPI programme
29 October 2007 to 1 February 2008	14-week formal public consultation
W/e 1 February	Health Inequalities Impact Assessments
W/e 4 April	JOSC to consider outcome of consultation and the HIIA
April	Joint PCT formally responds to JOSC views within 28 days

Main options

Overview and Scrutiny Committee is asked to either:

- Agree to participate in a pan-London JOSC on the models of care and consultation process (first-stage consultation);
  or
- Decline the offer to participate in a JOSC on the models of care and consultation process (first-stage consultation) but consider the models of care as an individual borough;
  or
- Decline the offer to participate in a JOSC on the models of care and consultation process (first-stage consultation) and do not give consideration to the implications of the *Healthcare for London A Framework for Action* report. Leave open the option to participate in a JOSC on more detailed proposals (second-stage consultation).

Legal Implications

The Scrutiny Team has sought advice from colleagues in Legal Services with regard to the authority's legal/constitutional position on participating in a JOSC. Having checked the provisions of the LGA 1972 (appointment of committees), LGHA 1989 (in relation to political balance), s21 of the LGA 2000 (as amended) and the provisions of the NHSA 2006, the advice was as follows:

The LGHA Sch 1 para 2 (h) requires committees (to include joint committees) to achieve political balance. However, sch 1 para 1(c) indicates that this requirement only applies if the authority can appoint at least 3 seats. The LGA places an obligation on local authorities to establish O&S committees to which the political balance provisions applies.

Any joint committee to deal with health services matters should therefore achieve political balance. However there is no requirement to achieve this balance if the number of seats to which the authority can appoint is less than 3.

Only full Council can establish a joint committee(s).

Financial Implications

This project will be managed within the scrutiny budget. No additional funding will be sought. Harrow's scrutiny budget for 2007/08 is £260,270 and Harrow's contribution to any JOSC would be provided for within this provision.

Other considerations:

Equalities impact

Scrutiny work across London makes a significant contribution to the improvement of services for London's multicultural community. The scope of this JOSC includes considering in particular the impact of changes concerning the most vulnerable in the community and how best to meet their needs, through a Health Inequalities Impact Assessment conducted for NHS London.

Community safety (s17 Crime & Disorder Act 1998)

There are none specific to this report.

Performance Issues – Scrutiny performance management issues

There are none specific to this report.

Section 3 - Statutory Officer Clearance

Name: Barry Evans Date: 13 September 2007	✓	on behalf of the Chief Financial Officer
Name: Sharon Clarke Date: 12 September 2007	✓	on behalf of the Monitoring Officer

Section 4 - Contact Details and Background Papers

Contact:
Nahreen Matlib, Senior Scrutiny Officer
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Background Papers:

- Attached in appendices:
  - Discussion paper from London Scrutiny Network informal officers' meeting 10 September 2007
  - *Healthcare for London A Framework for Action* Summary Document
- http://www.healthcareforlondon.nhs.uk/framework_for_action.asp

If appropriate, does the report include the following considerations?

1.	Consultation	N/a
2.	Corporate Priorities	N/a

APPENDIX A

Joint Overview & Scrutiny Committee (JOSC) to review 'Healthcare for London' - Issues for discussion at London Scrutiny Officers meeting 10th September 2007

1. Who wants to take part?

London Boroughs may decide not to participate in the JOSC. However, only the JOSC has the statutory power to request information relating to the issue being consulted on (in this case Healthcare for London). The NHS body consulting only has to consider and respond to the report of the JOSC. It is under no duty to respond to any comments submitted by individual OSCs.

Issue for meeting

- *Does your Borough want to participate?*

2. Who should the JOSC be open to?

It is the London Boroughs and not the London Assembly who hold the health scrutiny powers. Government health scrutiny guidance 'recommends' that authorities work with the London Assembly to avoid duplicating scrutiny regimes on pan-London services. Boroughs will need to decide whether to invite London Assembly Members to sit on the JOSC.

The London Commissioning Group (representing London PCTs) is intending to invite non-London OSCs to take part in the JOSC as it suggests that implementation of the Darzi review could impact on areas neighbouring London.

For practical purposes (e.g. size of meeting) it may only be possible for London Boroughs to appoint one Member each. Officers will also need to attend.

Issue for the meeting

- *If most/all Boroughs take part, is it practical for the JOSC to have more than one Member representative per Borough?*
- *Should London Assembly Members be involved in the JOSC?*
- *How should non-London OSCs be represented on the JOSC?*

3. What will the JOSC do?

A joint committee is only able to undertake the functions allocated to it. The purpose of this JOSC will be to respond the consultation of the 'models of care' in the Healthcare for London review. The JOSC may also wish to review whether it feels the consultation is adequate.

Each participating authority must be clear on the terms of reference of the JOSC. Each authority will need to agree the same terms of reference. Experience from the first joint health scrutiny review (on cancer services at Mount Vernon Hospital) suggests that these need to be proposed by an officer meeting such as this.

Issue for the meeting

- *What should be the terms of reference for the JOSC?*

4. How will JOSC Members be appointed?

Boroughs will make their own appointments to the JOSC. Under the Local Government Act 2000 OSCs must generally reflect the political make up of the full council. When a JOSC is set up and there is more than one place per local authority, the political balance requirement applies for each participating local authority unless members of all those authorities agree to waive that requirement. Executive members of an authority cannot sit on a JOSC.

Many Councils require JOSC appointees are made at a full Council meeting.

Issue for the meeting

- *How does your constitution require the Member(s) of a JOSC be appointed?*
- *What would be the timescale for this appointment? Could representatives be appointed by the start of November?*

5. What could be the timescale for the JOSC?

The formal consultation is due to run from 29th October 2007 to 1st February 2008 (14 weeks). The NHS would then have 28 days to respond to all consultation responses. Having considered a Health Impact Assessment, the NHS will then issue recommendations on the way forward.

In addition to submitting comments as part of the 14 week consultation, the JOSC would also have an opportunity to comment on the NHS response to the consultation. In effect, this gives the JOSC 'two bites of the cherry' and means that the JOSC needs to meet again after the end of the 14 week consultation.

A possible JOSC timetable is outlined below. However, Member ownership is vital and Members of the JOSC themselves would need to decide their work programme.

November: **First meeting:** NHS present consultation document and JOSC takes clinician evidence

December: **Second meeting:** JOSC takes further evidence (perhaps from community groups and clinicians not involved in the Darzi review). JOSC indicates contents of consultation response.

January: **Third meeting:** JOSC signs off consultation response

Late February/ Early March: Fourth meeting: JOSC considers the Health Impact Assessment and the NHS response to the consultation

NB: The JOSC may wish to ask the NHS if the Health Impact Assessment could be produced before the consultation ends.

Issues for the meeting

- *How many meetings should the JOSC have?*
- *From whom should the JOSC take evidence?*
- *Should the Health Impact Assessment be available as part of the consultation?*

6. How will the JOSC operate and be supported?

The Government health scrutiny guidance suggests that participating authorities should share the costs and resource implications of working together. The JOSC will require resourcing, including: officer support, meeting rooms, meeting refreshments and printing of paperwork.

There are several options for providing these resources. In theory, separate authorities could provide different aspects of support. However, given the large number of possible participants it is likely to require a subset of Boroughs to provide (or commission) support and for the costs to be divided between each participating authority. For example, Bedfordshire County Council supported the Mount Vernon review and subsequently billed the other seven authorities.

The practicalities of holding the meetings could also be difficult. Fairly large meeting rooms will be required and these should be accessible for people travelling from across London. Many London Borough meetings take place in the evening. However daytime meetings may be preferred given that participants will be travelling greater distances.

Issues for the meeting

- *What would be an acceptable solution for resourcing the JOSC? Would Boroughs be prepared to contribute an equal amount?*
- *Where could the meetings be held?*
- *When would be the best time to hold the meetings?*