

REPORT FOR: **HEALTH SCRUTINY SUB-COMMITTEE**

Date:	7 December 2010
Subject:	Health Sub-Committee Terms of Reference
Responsible Officer:	Alex Dewsnap, Divisional Director Partnership Development and Performance
Scrutiny Lead Member area:	Councillor Ann Gate, Policy Lead Member - Health and Social Care Councillor Vina Mithani, Performance Lead Member - Health and Social Care
Exempt:	No
Enclosures:	Terms of Reference for the Health Sub-Committee

Section 1 – Summary and Recommendations

This report details the proposals for the revision of the terms of reference for the Health Sub-Committee, areas for future consideration in respect of the remit of the sub-committee and proposed protocol for the appointment of co-optees to the sub-Committee.

Recommendations:

Councillors are requested to:

- I. Review and agree the proposed terms of reference of the Health Sub Committee to:
 - ensure they also reflect the focus on health outcomes and review the effectiveness of this in six months time;
 - ensure that the terms of reference have regard to the proposed GP consortia and Health and Wellbeing Board that will commission services in future;
 - agree with the inclusion of social care into the remit of the committee.

[Recommendations continue on next page...]

II. Agree the proposed approach for the appointment of co-optees to the panel and approach Harrow LINK/HealthWatch and the Local Medical Committee to nominate up to two of their members, one of which from each organisation to become non-voting co-optee on the Health sub-committee.

Section 2 – Report

Following the elections in May 2010 the Health Sub-Committee was established. The scrutiny Leadership Group (policy and performance scrutiny lead members and the Chairmen/Vice Chairmen of the committees) agreed to revisit the robustness of the structures following a six month period. The Overview and Scrutiny Committee reviewed the structures at the meeting on 26 October.

Health Sub-Committee

The Health Sub-committee currently has responsibility for addressing health matters. However, following discussions at the scrutiny Leadership Group and at the Overview and Scrutiny meeting on 26 October, it was agreed that the remit of the health sub committee should not be restricted solely to matters of NHS policy or structure. It was agreed that the terms of reference should be revised to reflect the wider health implications of other general policy proposals and address how to maximise positive health outcomes for local people.

Future Developments

The committee will also need to be aware of and able to respond to the proposed changes in health, public health and social care legislation. The significant proposals set out in the NHS Health White Paper include bringing Public Health into the local authority and the commissioning of services by GP consortia, supported by the Health and Wellbeing Boards (HWBB) that will be established.

The HWBB will have the responsibility for promoting integration and partnership working on a local level involving key people including GP consortia and relevant colleagues and partners. The health improvement role of HWBB will involve:

- Joining up healthcare, social care and health improvement
- Promoting integration and partnership
- Leading on assessing local needs
- Building partnerships for service change and priorities

The Health White Paper has proposed the removal of the statutory powers of scrutiny in terms of the requirements for consultation over proposed substantial change to health provision and the opportunity for referral to the Secretary of State in the case of disputes. However, the White Paper has confirmed that: *‘A formal health scrutiny function will continue to be important within the local authority, and the local authority will need to assure itself that it has a process in place to adequately scrutinise the functioning of the health and wellbeing board and health improvement policy decisions.’* Should Overview and Scrutiny lose the statutory powers as detailed under point 2 and 5 of the terms of reference, then the terms of reference will need to be again revised accordingly.

The Health White Paper is not prescriptive as to how local authorities should undertake this scrutiny, thus offering local councillors’ opportunity to determine what will work best in their local communities.

The Health Sub-Committee will need to ensure that should the scrutiny of the HWBB be the responsibility of scrutiny, the Health Sub-Committee should be sufficiently robust to ensure that the commissioning decisions being made by either the proposed GP consortia or the HWBB are subject to local challenge. Councillors will need to ensure that the council is able to safeguard and champion the interests of residents.

Proposed protocol for appointment of Co-optees

The Overview and Scrutiny Committee recommended that the Health Sub-Committee co-opt one person from the Local Involvement Network (LINK) (soon to be HealthWatch) and another from the Local Medical Committee (LMC). The co-optees will be non-voting co-optees.

As was agreed by Overview and Scrutiny Committee at the meeting on 26 October, the procedure for the appointment of a co-optee representative from the LMC and LINKs is that the two bodies each put forward two nominations from its membership from which one will become a non-voting co-optee of the health sub committee.

However, in future consideration needs to also be given to the fact that HealthWatch will also sit on the HWBB. At this point the committee will need to re-visit the co-opted membership and consider whether or not this will represent a conflict of interests for the representative of HealthWatch. Also, in respect of the LMC, the committee will again need to consider the LMC's independence from the decision making process of the HWBB.

Social Care

In view of the move to expand the remit of the Health Sub-Committee to cover health outcomes, including consideration of social care issues would also mean that sub- committee is in line with the direction towards the integration of services. There is significant overlap in the area of health and social care and the lead members cover social care as part of their work in any case.

Meeting Frequency

In terms of working arrangements, it has been noted that the current minimum of four meetings a year for the Health Sub-Committee does not provide adequate time to consider some issues in a timely fashion so it is proposed the number of meetings increased to six meetings a year.

Financial Implications

There are no financial implications associated with this report.

Performance Issues

There are no specific performance issues associated with this report.

Environmental Impact

There are no specific environmental implications associated with this report.

Risk Management Implications

There are no specific risk management implications associated with this report.

Corporate Priorities

The contents of this report relate to the following draft corporate priorities:

- Supporting and protecting people who are most in need
- United and involved communities: a Council that listens and leads

Section 3 - Statutory Officer Clearance

Not required for this report.

Section 4 - Contact Details and Background Papers

Contact: Fola Irikefe, Scrutiny Officer, 0208 420 9389

Background Papers: None