

**REPORT FOR: OVERVIEW AND
 SCRUTINY COMMITTEE**

Date: 3 April 2012

Subject: 'Shaping a Healthier future for North West London' – Preparing for a Joint Overview and Scrutiny Committee

Responsible Officer: Alex Dewsnap, Divisional Director Partnership Development and Performance

Scrutiny Lead Member area: Councillor Ann Gate
Lead Member - Health and Social Care

Councillor Vina Mithani
Lead Member - Health and Social Care

Exempt: No

Enclosures: Shaping a Healthier Future – Case for Change

Section 1 – Summary and Recommendations

This report outlines issues for consideration by the Overview and Scrutiny Committee to recommend to Council that Harrow will participate in a Joint Overview and Scrutiny Committee. The Joint Overview and Scrutiny Committee will be formed to consider NHS North West London's programme to improve care for North West London and the consultation process.

Recommendations:

Councillors are recommended to:

- I. Consider the summary of the '*Shaping a Healthier Future*' programme

- II. Consider the relative merits of Harrow taking part in the JOSC
- III. Ask that full Council agree Harrow's involvement in the establishment of the JOSC and delegate authority to the Overview and Scrutiny Committee to appoint the Harrow representative(s) to the JOSC and to determine membership and issues related to the JOSC.

Section 2 – Report

Background

Shaping a healthier future is a programme that has been set up by NHS North West London (NWL) to respond to the challenge of trying to provide high quality healthcare for North West London. The NHS NWL cluster is amongst the largest in England with a budget of £3.4 billion and covers 8 London boroughs including Harrow, Hillingdon, Brent, Ealing, Kensington and Chelsea, Westminster, Hammersmith and Fulham and Hounslow. The programme has also been developed with the 8 Primary Care Trusts (PCTs)/Clinical Commissioning Groups serving a population of 1.9 million people. Amongst the 8 boroughs there are 14 hospital sites and 423 GP practices.

The Shaping a healthier future programme has been set up by clinicians following recognition that changes need to be made to the way services are delivered because of pressure on the services. Some of the key challenges and changes include:

- the ageing population
- current lifestyle is creating an epidemic of obesity, diabetes, cancer, heart disease and stroke
- the numbers of patients living with chronic disease are increasing
- science and technology offer new ways of tackling old problems
- internet, mobile communications and telehealth are opening up new channels for delivering care and providing health information, increasingly supporting patients to care for themselves

The programme is also being developed in order to address the growing challenges which lie in the way primary care and out-of-hospital care has been organised in the past which will not meet future needs. In some parts of north west London, patients cannot get a basic appointment with their GP or access services easily. Amongst six of the eight boroughs in north west London patient satisfaction has also been recorded as being in the bottom 10% nationally (*NHS NWL, The Case for Change, February 2012*). The programme also aims to bring more proportionality to health care spending and increase spending and investment in community and local services.

With all this NHS costs are on the rise whilst there is less funding available. Some changes have been made over the past few years including:

- changes in community, primary and hospital care increasing localisation of services

- co-ordination and integration of care across the boundaries of providers has been improved reducing non-elective admissions for diabetic and elderly patient groups
- some specialist services have been centralised into single networked centres, improving clinical outcomes

However, there is also recognition that far more still has to be done.

North west London has also got a vast amount of hospital space per head per population in comparison to other part of the country, the aim will be to have senior, specialised teams available 7 days a week, 24 hours a day with health services delivered locally when they can.

Out of Hospital Care

The work being carried out on out-of-hospital care presently is a big part of the '*Shaping a healthier future plan*' CCG's. The work is being lead by CCG's in north west London, PCT borough directors, director from each local authority and provider out of hospital care leads.

The programme is focused on developing high-quality cost-effective care outside of hospitals in order to support the changes in other parts of the health economy.

Quality standards have been developed to support the changes in out-of- hospital care which include:

1. Individual empowerment and care - provision of information to aid people when making decision about their care
2. Access, convenience and responsiveness - ensure that out-of-hospital care operates as a seven day a week service with community and health care services responding to local needs
3. Care planning and multi-disciplinary care delivery - co-ordinated and seamless integrated service using evidence pathways and care planning to support individuals.
4. Information and communication - following individual consent, health and social care records will be shared between care providers to identify changing needs so that care plans can be reviewed and updated. By 2015, it is hoped all patients will have access to their health records.

Joint Overview and Scrutiny Committees (JOSC)

Under the 2001 Health and Social Care Act, 2002 Regulations and 2003 Directions and Guidance) requires that where a local NHS body consults more than one Overview and Scrutiny Committee on a proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of service, the Overview and Scrutiny Committees of the local authority shall appoint a JOSC for

the purpose of consultation. Only the JOSC has the statutory power to request information relating to the issue being consulted upon.

The JOSC will:

- make comments on the proposal consulted on by NHS NWL
- Require NHS NWL to provide information about the proposals
- require NHS NWL to attend and answer questions in relation to the proposals

Informal JOSC meeting

The first informal meeting of the JOSC will be held on 4 April 2012 and will only include Councillors and Officers in the first part of the meeting where membership options, the terms of reference, timescales and meetings dates and administration of the JOSC will be considered.

Membership Options

At the first informal JOSC meeting Members will be invited to consider the advantages and disadvantages of the options outlined below:

Option 1: one nominated scrutiny member & one substitute member from each council participating in the JOSC.

Advantages

- (a) It is envisaged that the nominated representative in each borough will attend all meetings thereby ensuring a consistent and broad level of understanding from all participating members which can be drawn on in agreeing recommendations and the final report.
- (b) Where the nominated representative is unable to attend, the attendance of a substitute representative will ensure that all participating councils remain fully involved and have a voice in the work of the JOSC.

Disadvantages

- (a) The majority of the workload (which could involve significant time commitments) will fall to one member including the need to attend all meetings of the joint committee and acting as the link back to the local scrutiny panel. This could prove difficult depending on other time commitments.
- (b) Substitute members standing in for the nominated representative may find it more difficult to put evidence into a complete context if attending isolated meetings.

Option 2: two nominated scrutiny members from each council participating in the JOSC.

Advantages

- (a) It is envisaged that the nominated representatives in each borough will attend all meetings thereby ensuring a consistent and broad level of understanding from all participating members which can be drawn on in agreeing recommendations and the final report.

- (b) Where one of the nominated representatives is unable to attend the other representative would be able to represent the participating council and have a full understanding of all issues highlighted in evidence to date.
- (c) Members in each local authority may find it helpful to discuss proposals with another local councillor sitting on the JOSC, especially where that proposal impacts on their authority in a distinct way.
- (d) This option will allow a wider pool of member experience and knowledge to inform the work of the JOSC.

Disadvantages

- (a) It may be more difficult to find meeting times/dates that are suitable for all members.
- (b) There may be a lack of interest/capacity in boroughs to committing this level of member resource.

Proposed terms of reference

The proposed draft terms of reference will be redrafted and circulated in time for sign off at the first formal meeting of the JOSC. Proposed terms of reference are as follow:

1. Consider the '*Shaping a Healthier Future*' consultation arrangements - including the formulation of options for change, and whether the formal consultation process is inclusive and comprehensive.
2. Consider and respond to proposals set out in the '*Shaping a Healthier Future*' (**) consultation with reference to any related impact assessments or other documents issued by or on behalf of NHS North West London in connection with the consultation;
3. Consider whether the '*Shaping a Healthier Future*' proposals affecting acute and out of hospital care are in the interests of the health of local people and will deliver better healthcare for the people in North West London and people travelling across the GLA boundary, having due regard to cross-border issues;

(**) or whatever the exact title of the awaited consultation document turns out to be.

Harrow nomination to the JOSC

Having agreed to take part in the JOSC in principle, it should be noted that the committee cannot agree a formal nomination from the council until the next full Council meeting, which will be on 24 May 2012 until it is agreed that harrow participate and due to possible changes in membership of committees. The options which are chosen by the current members of the informal JOSC (option 1 or 2 detailed above) will also have implications on membership.

Members agree that representative(s) waiting to be formally appointed to the JOSC are able to participate in any meetings during the pre-consultation phase, in the same way as those that have been appointed.

The current chair and Vice-Chair of the Health and Social Care Scrutiny Sub-Committee who are also the Adult Health and Social Care lead members will be in attendance at the informal meeting on 4 April.

In view of any changes that may arise, it is also recommended that Council give the Overview and Scrutiny Committee the power to decide on any key decisions in terms of the membership and issues related to the JOSOC.

Timescales, meeting dates and current status

NHS NWL are currently in pre-consultation phase on their proposals and this began in January 2012 and will run till May 2012. The main focus of the pre-consultation phase to date has been two public consultation events held in February and March 2012 involving patients, local authorities, patient groups, GP's, other clinicians and the public. According to current timescales, the formal consultation period is expected to run from the beginning of June to September 2012.

At the first two informal briefing sessions delivered for scrutiny members by NHS North West London, members raised concern about the timing of the consultation which coincides with the summer holiday period, the Olympics and the Diamond Jubilee. *Members should note that NHS North West London has stated that the JOSOC is able to comment on the suitability of the length of the consultation period.*

In addition to the meetings needed to take evidence from suggested witnesses, members will need to have at least a further two meetings to carry out the following tasks:

- Agree terms of reference, rules of procedure, elect chair(s). This can be done at the start of the first meeting during the formal consultation period, which will also be taking evidence.
- Agree the committee's consultation response
- (After the consultation ends) Review NHS North West London's response to the JOSOC's consultation response.

Members will receive an updated timetable once meetings dates for the JOSOC are agreed.

Local engagement activity that takes place with individual boroughs has not been included. Members may find it helpful to keep each other notified of any engagement carried out at a local borough level, so the JOSOC retains an overview of engagement activity across all 8 boroughs.

Jan – May Pre-consultation engagement activity with JOSOC

16th Jan Informal briefing on case for change

29th Feb Informal briefing on clinical standards, service models and

	process and timeline for Joint Committee engagement & formation.
4 th Apr	Members give views and give informal agreement to some of the practical arrangements of the JOSOC.
	Members give views on the draft short list of options to go in the consultation document and the benefits framework.
19 April	Information item to Health and Social Care Scrutiny Sub-Committee
w/c 30 th Apr	Members give views on short list of options, draft consultation plan and out of hospital strategies.
w/c 14 th May	Members give views on consultation options, draft consultation document and plan.
24 May	Full Council
Jun* – Aug	JOSOC takes evidence from identified witnesses
June (date tbc)	First meeting of the JHOSOC in formal consultation period to agree chair(s), rules of procedure, terms of reference & take evidence
	Dates of further witness sessions tbc
Sep*	JOSOC agree final response and submit to NHS NWL.
1 st -14 th Sep	Officers draft report
15 th – 30 th Sep	Members give comments on draft and finalise their response. Date(s) of meeting tbc
Oct	JOSOC receive formal response to recommendations from NHS NWL Date of meeting tbc

Resourcing Needs

It is envisaged that the following tasks will need to be undertaken in order to support the JOSOC:

- preparing and sending out the agendas for meetings;
- arranging witnesses for the JOSOC meetings;
- organising venues for the JOSOC meetings;
- providing procedural advice to the JOSOC;
- drafting correspondence on behalf of the JOSOC;
- communicating with NHS NWL
- organising press and PR activity on behalf of the JOSOC;

- minuting the meetings;
- drafting the final report and recommendations for the JOSC;
- support to the Chairman.

Members should be aware that there is no financial funding available to the JOSC. Regardless of whether support arrangements are met through Option A or Option B as outlined below, it is proposed that the participating authorities take it in turn to host meetings in their respective boroughs. There will therefore be a need to rely on the good will of participating boroughs for minute taking, nameplates and additional copies

Option A

At the time of writing, scrutiny chairs across the 8 boroughs were in the process of writing to NHS North West London to request financial assistance to allow them to procure administrative and policy support to assist the work of the JOSC. In particular, this support would be responsible for producing the final report (and recommendations) of the JOSC.

It is important to note that support would not come from an NHS employee, but would be procured from an independent source so as to ensure that the independence of the JOSC is not compromised.

Where this request is met, it is suggested that the person(s) providing the support should be able to demonstrate:

- Their experience of working with scrutiny members in a Joint Committee structure considering complex, potentially contentious and high profile issues such as health provision.
- A good understanding of health commissioning and provider arrangements across the NW London sector.
- That they are well respected and known by officers and members working in the London scrutiny committee.

Option B

Where a request for support as outlined in Option A is not met, all support to this JOSC will need to be drawn from the participating authorities and the workload shared between existing scrutiny resource within these authorities.

The Centre for Public Scrutiny will remain available to the Committee to provide advice and answer general queries on an informal basis.

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 council has a priority to 'support and protect people who are most in need' and to develop a 'united and involved communities: a Council that listens and leads'. The content of this report is relevant to both these priorities and the need to safeguard the interests of residents.

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: Presentation by NHS North West London – Shaping a Healthier Future – this can be viewed on the Council's website.