

**REPORT TO JOINT OVERVIEW AND SCRUTINY COMMITTEE:**  
**REDEVELOPMENT OF NORTHWICK PARK HOSPITAL**  
**MEETING 6 – Thursday 22 September 2005**

**Options Available Regarding Committee's Future Status**

**Summary**

**Decision Required**

That members of the Joint Overview and Scrutiny committee (JOSC) consider their next actions pending the postponement of the public consultation by North West London Hospitals NHS Trust on the reconfiguration of services available at Northwick Park hospital and the review by North West London Strategic Health Authority (SHA). This report requests three decisions with regard to:

- 1) the future status of the JOSC
- 2) its work programme and
- 3) the JOSC's terms of reference.

**Reason for report**

At the JOSC meeting on 26<sup>th</sup> July 2005, it was resolved to defer decision on the future activity of the committee pending a further update on the SHA's activities in September 2005. The objective of this report is to provide the JOSC with a framework to assist it reaching a decision about its future status and activities as included in the suggested work programme.

**Benefits**

Taking time to consider potential options on the way forward will help ensure that the JOSC is adequately informed about the alternatives available to it before deciding its formal response to future activities thereof.

**Cost of Proposals**

All parties will meet the associated costs for the development of the JOSC work programme within existing resources to the committee, subject to agreement being reached on the duration of the Committee.

**Risks**

Delaying making decision on this issue may result in wasting valuable time and/or resources.

**Implications if recommendations rejected**

See risks above.

**Options to consider**

1. Continue but work to an amended work programme – to be determined by JOSC members.
2. Suspend the activity of the committee indefinitely until the Northwick Park Hospital reconfiguration consultation recommences.

3. Suspend the activity of the formal committee, using the interim period to informally undertake background research and other developmental work, in preparation for the formal consultation.

### **Consultation**

Not applicable to this report.

### **Financial Implications**

There are no financial implications associated with this report.

### **Legal Implications**

The JOSC has a responsibility to respond in a well-informed and reasoned manner to the proposals of the Brent and Harrow Primary Care Trusts and the North West London Hospitals NHS Trust.

### **Equalities Impact**

Not applicable to this report.

## **Options for the Immediate Future of the Committee**

In accordance with the legal advice and the SHA update received in July 2005, the JOSC has three options available as to how it wishes to continue:

1. To continue but work to an amended work programme – to be determined by members, or;
2. To suspend the activity of the committee indefinitely until the Northwick Park Hospital consultation recommences, or;
3. To suspend the activity of the formal committee, using the interim period to informally undertake background research and other developmental work, in preparation for the formal consultation.

## **Potential Effects from Each Decision**

### **1. Continue holding meetings of the JOSC:**

- a. To look at other issues outlined in the terms of reference, for example focusing on the new service delivery models as previously presented  
**and/or;**
- b. To build up the committee's knowledge base about key drivers such as NHS finances, NHS decision-making processes (for example, development of the Strategic Outline Case into a Full Business Case).

#### *Possible advantages*

- The JOSC members can continue to liaise and work together.
- The JOSC will be better informed about the purpose, outcome and implications of the SHA review.
- The JOSC will be better informed about background issues.

*Possible disadvantages*

- Ambiguity of timescale – It is not certain for how long this preparatory/interim work can be sustained without a loss of momentum.
- The SHA review is likely to require liaison between all scrutiny committees in NW London and may lead to the establishment of a Joint Committee for all 8 boroughs or a series of more localised Joint Committees.. Thus, there is a possibility of duplication with this wider work.
- Use of resources that may be better used for more immediate or urgent scrutiny issues in each borough.

*Decisions that would need to be made*

- Frequency and dates of future meetings
- Focus or topics for each meeting (revising the current work programme)
- Who should be invited to which meeting
- What role if any will the co-optee play at this point
- Revising the terms of reference to reflect the decisions made

**2. Suspend meetings of the JOSC indefinitely until the consultation proposals are being prepared.**

*Possible advantages*

- Resources released for other scrutiny issues.
- Possibility of a clear timescale for the existence of the JOSC.
- Will not risk a memory gap between collecting information now vs. remembering it for when the NHS consultation picks up again.

*Possible Disadvantages*

- This time period could be used to build a knowledge base for the JOSC.
- This time period could be used to look at other areas in the terms of reference.

*Decisions that would need to be made*

- What action/decision from the NHS or SHA will trigger the resurrection of this JOSC if it is suspended
- Revising the terms of reference to reflect the decisions made

**3. Suspend meetings of the JOSC, using the interim period to informally undertake background research and other developmental work, in preparation for the formal consultation.**

*Possible advantages*

- Resources released for other scrutiny issues.
- This time period could be used to build a knowledge base for the JOSC.
- To build up the committee's knowledge base about background issues and key drivers within the NHS.
- The JOSC members can continue to liaise and work together.
- The JOSC will be better informed about background issues.

*Possible Disadvantages*

- Ambiguity of timescale – It is not certain for how long this preparatory/interim work can be sustained without a loss of momentum.
- The SHA review is likely to require liaison between all scrutiny committees in NW London and may lead to the establishment of a Joint Committee for all 8 boroughs or a series of more localised Joint Committees. Thus, there is a possibility of duplication with this wider work.
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*Decisions that would need to be made*

- What action/decision from the NHS or SHA will trigger the resurrection of this JOSC if it is suspended
- Frequency and dates of future meetings
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## **Terms of Reference**

The JOSC is urged to revisit its terms of reference and adjust them accordingly given the postponement of the consultation (see original terms of reference for the Committee attached in Appendix A). The original terms of reference state:

*“The Joint Committee is established as a standing committee for an initial period of six months after which a decision will be made about the necessity for it to continue.”*

The terms of reference need to be revisited to reflect the decision made by the Committee with regard to its future status/activity bearing in mind the JOSC was set up in May 2005 and any new timescales would need to incorporate the new Northwick Park Hospital consultation timeframe (as yet unknown).

## **Potential Forward Work Programme**

### Dates

Should the JOSC decide upon continuing with formal meetings, given below are suggested dates for future meetings of the Committee:

- Meeting 7 – either Wednesday 2 November or Thursday 3 November 2005
- Meeting 8 – mid December 2005
- Meeting 9 – Mid January 2006
- Meeting 10 – mid/late February 2006

### Possible Topics for Consideration

The JOSC is asked to give consideration to the following suggested topics for future Committee activity and to prioritise the activities in order of preference.

Background information and site visits – undertaken to help provide a framework through which to assess proposals:

- a) Other joint health scrutinies which have taken place – lessons learned
- b) Site visits to be undertaken by JOSC members:
  - I. Northwick Park Hospital

## II. Central Middlesex Hospital

Presentations on the previous similar projects and the implications on Northwick Park Hospital redevelopment and of current NHS policy development:

- c) Briefing on the BECAD model and how it works
- d) Briefing on learning from the Central Middlesex Hospital – successes and challenges
- e) Implications of NHS policy – Payment by Results
- f) Implications of NHS policy – Patient Choice

**To summarise, the JOSC is asked to have considered and decided upon the following issues during the course of this item:**

- 1. Future status of the JOSC;**
- 2. Future activity of the JOSC – work programme topic areas; and**
- 3. Amending the JOSC terms of reference to reflect decisions made.**

Lopa Sarkar, Policy Officer, Brent Council  
Nigel Spalding, Scrutiny Officer, Ealing Council  
Nahreen Matlib, Senior Scrutiny Officer, Harrow Council

## Joint Overview and Scrutiny Committee: Northwick Park Hospital Reconfiguration

### Terms of Reference As agreed May 20<sup>th</sup> 2005

(A copy of the original proposal and amendments agreed at the meeting)

To review and scrutinise, in accordance with Regulations under Section 7 of The Health and Social Act 2001 and the Secretary of State for Health's Direction of 17 July 2003, matters relating to the substantial developments or variations in NHS services across the whole of the area of the Harrow and Brent Social Services Authorities with particular reference to the proposed *'Better Care Without Delay – Improving Local and National Healthcare in Harrow and North Brent'* and including consideration of the NHS' wider proposals such as the Patients' Choice agenda and other contextual issues.

The Joint Committee is established as a standing committee for an initial period of six months after which a decision will be made about the necessity for it to continue.

Initially it is planned that there will be eight large projects for the Committee to consider. These projects will largely direct the work programme of the committee:

- **Detailed information on the proposed model of care.** This may involve the Committee receiving detailed information surrounding care pathways for patients, specific case studies on how experiences will change for residents, information on the risks identified by the Trust and how they are being managed.
- **Perspectives from within the Hospital.** This may include receiving perspectives from employees (i.e. Doctors, Nurses, specialists) on the proposed model. This may also include reviewing the experiences of previous hospitals who have undergone similar redevelopments (i.e. BECAD)
- **Impact on Social Care.** This may include reviewing the flow on of the model into the community and social care sectors.
- **Financial Impacts.** This may include reviewing how the project is to be funded as well as reviewing the impact of current health financing issues.
- **Patient and Public Experience.** This may include meeting with PPI forums, resident groups and voluntary groups for perspectives on the change.
- **Transport and access issues.** This may include a review issues of transport and access to the hospital insofar as they relate to the patient's experience;
- **General Issues.** The committee may wish to schedule time to consider general issues, which cannot be grouped into a specific heading.
- **NHS Feedback.** In the interests of maintaining an open dialogue with the Trust, the committee may wish to consider including in its scheduling two meetings where the NHS are able to attend to receive feedback on issues and the direction of the committee.

There may also be other areas that the committee would like to explore as part of its work.

The Committee is recommended to determine its terms of Reference and agree that the initial focus of the Joint Committee is as suggested in paragraph 4 above and consider any additional areas for review.