



Full Council
24th November 2008

**Report from the Director of
 Policy and Regeneration**

Wards Affected:
 ALL

Proposed public consultation on acute stroke and major trauma services in London

1.0 Summary

- 1.1 The council has received notice from the London Commissioning Group, which is leading the implementation of Healthcare for London, that it is to launch a public consultation on acute stroke and major trauma services in London. As a result, it has invited relevant local authorities to set up a joint overview and scrutiny committee (JOSC) to consider and respond to the proposed consultation.
- 1.2 This JOSC is a new committee, and separate from the JOSC established in October 2007 to respond to the consultation on "*Healthcare for London – A Framework for Action*", and so requires council to approve the establishment of, and nominations to, the joint committee.
- 1.3 Participating boroughs need to appoint a representative and alternate for the JOSC.
- 1.4 Appendices A, B and C provide more information on the proposed JOSC and reasons for the proposed changes to stroke and trauma services in London.

2.0 Recommendations

- 2.1 That Council agrees the proposals relating to acute stroke and major trauma services are substantial developments of the health service.

- 2.2 That Council agrees that a Joint Overview and Scrutiny Committee should be established with other authorities to consider the consultation on stroke and trauma services.
- 2.3 That the Chair and Vice Chair of the Council's Health Select Committee (O&S) are nominated as the representative and alternate member of the Joint Overview and Scrutiny Committee.
- 2.4 That Council agrees the terms of reference for the Joint Overview and Scrutiny Committee will be presented to Council once they have been agreed by participating authorities.

3.0 Detail

- 3.1 "*Healthcare for London: A framework for action*" was published in July 2007 and outlined possible models of care and service delivery across the capital.
- 3.2 The Darzi report (as it was more commonly known) set out how London's healthcare needed to change over the next ten years. It included a strategic vision and those key factors necessary to make it a reality. However, the report contained no formal proposals or decisions and was designed to stimulate discussion and debate.
- 3.3 The Darzi reports recommendations were based on five key principles:
- Services focused on individual needs and choices.
 - Localise where possible, centralise where necessary.
 - Truly integrated care and partnership working, maximising the contribution of the entire workforce.
 - Prevention is better than cure.
 - A focus on health inequalities and diversity.
- 3.4 The first Joint Overview and Scrutiny Committee was established to respond to the vision of health services in London set out in Lord Darzi's report. The JOSOC met for the final time on the 24th October 2008, where it received feedback on the recommendations it made. The JOSOC report and response is available from the Local Democracy Team in the Policy and Regeneration Unit on request.
- 3.5 The process for agreeing and implementing the vision in "*Healthcare for London*" was not a simple one. A Joint Committee of London PCTs (JCPCT) was established, with one representative from each PCT in London, to oversee the consultation on Healthcare for London and to agree a framework for future services. The JCPCT met in June 2008 and approved Healthcare for London as a way forward for health services in the capital. Among the decisions made by the JCPCT was that specialist services should be concentrated in fewer hospitals – e.g. stroke, trauma, paediatrics, emergency surgery etc.
- 3.6 As envisaged when "*Healthcare for London*" was published, consultations are now beginning on specific proposals, starting with acute stroke and major

trauma services. A formal 12-week public consultation, led by PCTs, will begin on 5th January 2009 and run until 29th March 2009. A Joint Committee of PCTs will be established to lead this consultation in London.

- 3.7 All local authorities in London have been written to by the London Commissioning Group, which is leading the implementation of Healthcare for London, about the acute stroke and major trauma consultation. The LCG has invited relevant local authorities to set up a joint overview and scrutiny committee (JOSC) to consider and respond to the proposed consultation. See appendices A, B and C for more details.
- 3.8 Council is asked to agree the establishment of a joint overview and scrutiny committee for the purposes of the stroke and trauma consultation. Council is also asked to nominate the chair of the Health Select Committee, Councillor Chris Leaman, to be Brent's nominee on the JOSC and the vice-chair of the Health Select Committee, Councillor George Crane, to be the alternate.
- 3.9 The exact form of the consultation on stroke and trauma services is still to be agreed by the Joint Committee of PCTs. This will happen in November / December 2008. However, the JOSC meeting on the 24th October was informed that it was likely to be on the location and coverage of acute stroke and major trauma services.
- 3.10 In addition, terms of reference for the JOSC are still to be agreed by participating councils. An initial meeting will take place on the 17th December where terms of reference will be agreed and these will then be reported to council in due course. Facilitation of the JOSC is done by one council from each sector in London. In North West London, Hounslow have agreed to provide officer support.
- 3.11 It is unfortunate that the terms of reference for the JOSC are not available at present. However, if Council does not consider this issue at its meeting in November, it won't be able to agree its nomination until 26th January 2009, by which time the JOSC will be up and running. When it agreed the nominations to the first JOSC, Council did so before the terms of reference were agreed and so there is a precedent for this. Because of time constraints it has also not been possible to consult the Health Select Committee on the nomination to the JOSC.
- 3.12 At the end of its work the JOSC should produce only one report reflecting the full range of views of those involved in the joint committee. The NHS bodies receiving the report must respond in writing to any requests for responses to the report within 28 days.
- 3.13 Upon the formation of the JOSC the scrutiny powers of the Council's Health Select Committee relating to requiring information and the attendance from NHS witnesses at meetings for items relating to the provision of stroke and trauma services transfer to the JOSC. Participation in the JOSC does not prevent the Health Select Committee or the Council's Executive from contributing to the consultation if they wish to do so. A number of health

scrutiny committees across London did this while the first JOSC on Healthcare for London was carrying out its work.

- 3.14 Council should note that stroke and trauma is one of six Healthcare for London projects that have started. The others are:
1. Developing polyclinic models of community based care.
 2. Establishing the feasibility of local hospitals
 3. Exploring how delivery of unscheduled care can be improved.
 4. Improved model of care for long term conditions – The first project will be aimed at tackling diabetes. The project will focus on the diabetic care pathway, from prevention to specialist care. It will also consider diabetes in children and adults, and type 1 and type 2 diabetes. The rate of diabetes in Brent is significantly higher than the national average and so this project will have a great deal of significance in the borough.
- 3.15 Stroke and trauma are counted as two separate projects, but are being consulted on together.
- 3.16 Consultations on each of these projects will come forward in due course, some requiring further pan London scrutiny, while others will be scrutinised at sector level and by individual health overview and scrutiny committees.

4.0 Financial Implications

- 4.1 There are no direct financial implications for the authority by participating in the JOSC. Costs could be incurred if Brent offered to host a JOSC meeting. These would be met from existing budgets.

5.0 Legal Implications

- 5.1 Under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 NHS bodies have a duty to consult an overview and scrutiny committee on:
- Any proposals it may have under consideration for any substantial development of the health service in its area; or
 - Any proposal to make a substantial variation in the provision of such services
- 5.2 The Secretary of State's direction issued on 17th July 2003 provides:

“where a local NHS body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and

scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:-

(a) make comments of the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations;

(b) require the local NHS body to provide information about the proposal under Regulation 5 of the Regulations; or

(c) require an officer or the local NHS body to attend before it under Regulation 6 of the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions under the consultation.”

5.3 The proposals relating to acute stroke and major trauma are considered to be a substantial development in the health service and/or a substantial variation in the provision of acute stroke and major trauma services. A JOSC should therefore be established for the purposes of consultation on these proposals.

5.4 Under the Council’s Constitution the establishment of a joint committee and the appointment of members to a joint committee is a function reserved for Full Council.

6.0 Diversity Implications

6.1 None

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

Background Papers

Appendix A – letter to all Health Scrutiny chairs on Joint Overview and Scrutiny Committee

Appendix B – letter to all PCT chief executives on acute stroke and major trauma consultation

Appendix C – Healthcare for London background information on acute stroke and major trauma service consultation

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