ITEM 5

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TO REVIEW "SHAPING HEALTH SERVICES TOGETHER - CONSULTATION ON DEVELOPING NEW, HIGH-QUALITY MAJOR TRAUMA AND STROKE SERVICES IN LONDON"

4 FEBRUARY 2009

PROPOSED OPERATIONAL ARRANGEMENTS FOR THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)

1. INTRODUCTION

1.1 This report covers the operational side of the JHOSC. Following discussion at the Informal meeting on 17 December 2008, for clarity's sake it sets out proposed arrangements, and seeks the Joint Committee's views in a number of areas.

2. MODELS FOR OPERATION

2.1 At the informal pan-London meeting on 17 December 2008, consideration was given to a Discussion paper which contained a number of options for how the JHOSC might choose to operate. These options are set out below, in order to assist members to agree a preferred model.

Option 1: Pan-London JHOSC Looking At Both Acute Stroke And Major Trauma Care Proposals

This model would work in the same way to the pan-London JOSC which responded to stage 1 of the consultation on models of healthcare.

Advantages

- The provision of services would not be restricted to borough boundaries and this model would allow Members to reflect on local needs in the context of how services are being provided across London.
- one voice representing the views, issues and concerns of local OSCs would give more weight to any recommendations put forward in response to the consultation.

- A pan-London response avoids the possibility of conflicting recommendations being submitted by different OSCs to the consultation.
- It may be easier to engage the public and media with the findings and recommendations of a pan-London JHOSC. This would be important in gaining support amongst the public and key stakeholders for the recommendations, which in turn would put pressure on NHS London to respond positively to any recommendations made.

Disadvantages

- There would inevitably be varying degrees of interest amongst local OSCs on individual proposals in the consultation document, depending on the significance each proposal has in any given locality. This may raise questions around best use of Member time.
- There may well be conflicting views on proposals in the consultation document that are difficult to resolve and hence it may be difficult to reflect the views of all OSCs in any recommendations made.

Option 2: Two Distinct JHOSCs (i.e. One Focussing On Major Trauma And One Focussing On Acute Stroke Care)

Advantages

- Two distinct JHOSCs operating for the length of the consultation period may allow a more in-depth scrutiny of the proposals.
- A more in-depth scrutiny of proposals would be to the benefit of patients.

Disadvantages

- The operation of two committees carries the risk of putting forward conflicting recommendations, as the decisions on where to locate trauma and stroke services may not be completely independent of each other.
- Members would need increased capacity to attend two sets of meetings, elect two Chair(s) etc.
- Members' capacity to carry out scrutiny in their own boroughs may be affected if there are additional demands made on their time.
- This option would require greater capacity on the part of officers, who would need to attend two sets of meetings and provide administrative and policy support to two committees.
- This option would increase the complexity of officer support arrangements that need to be put in place, as liaison between committees is likely to be needed.

Option 3: Geographical Sub Groupings

Advantages

- This would allow an in-depth scrutiny response to proposals, as those boroughs that are most affected by proposals relating to their localities would be able focus in on these.
- More patient and public interest may be generated at a local level as the proposals being scrutinised would relate directly to a given locality.
- A better understanding of the impact of the proposals on the counties surrounding London.

Disadvantages

- Sub-groupings may lack a strategic focus which carries a danger of disjointed recommendations being put forward.
- Please refer to disadvantages listed under option 2.

Recommendation

That the JHOSC agree a preferred model of operation for the conduct of its business.

3. PROPOSED RULES OF PROCEDURE

3.1 The proposed rules of procedure (attached as Appendix 1) have been modelled very closely on those used with success to support the work of the JOSC to review 'Healthcare for London', which first met in November 2007.

3.2 **Recommendation**

That the JHOSC approve the proposed Rules of Procedure, subject to any amendments it may wish to make.

4. TIMESCALE AND MEETING ARRANGEMENTS

4.1 The public consultation period commenced on 30 January and closes on 8 May 2009. However, as in the case of the 'Healthcare for London' JOSC, NHS London has agreed that this JHOSC will be allowed a reasonable period beyond 8 May in which to finalise and submit its response. This would allow the JHOSC's final report to be presented to NHS London by around the end of June. It is understood that the JCPCT meeting to consider all consultation responses would be held towards the end of July.

4.2 Within this extended timeframe, the JHOSC will need to take evidence from witnesses, both at meetings and in writing, and hold a final meeting to agree its response to NHS London. It may wish to set aside most of its penultimate meeting to discuss a draft response.

4.3 The JHOSC will no doubt wish to reconvene in due course to consider the response to its report from the JCPCT.

4.4 The JHOSC needs to consider how best it may utilise the time available to it. In particular, it would be helpful if the present meeting indicates i) the number of meetings it wishes to hold, and ii) the format for meetings which take evidence from witnesses. Factors to be taken into account include:

a) Length of meetings

4.5 The 'Healthcare for London' JOSC opted for broadly a 10.00 am - 4.00 pm format to take evidence from witnesses. This allowed two witnesses to be heard in the morning, and two in the afternoon.

4.6 However, given the 'dual' nature of the 'Stroke and Trauma' JHOSC and the need to maximise the productivity of its meetings, the JHOSC may wish to consider slightly lengthening its meetings, thereby allowing three witness sessions (of approximately one hour each) in the morning, and three in the afternoon. This could be achieved by starting meetings at 9.45 am and concluding them by around 4.45 pm, and allowing 30-40 minutes for lunch.

b) Witnesses

4.7 Following the suggestions made at the Informal Meeting on 17 December, set out in Appendix 2 is a list of proposed witnesses from which the JHOSC may wish to take evidence.

4.8 Recommendations

That the JHOSC indicate:
i) its preferred number of witness sessions per meeting;
ii) its preferred number of meetings to take oral evidence from witnesses;
iii) any additional suggestions for witnesses;

iv) priorities for organisations/individuals to be invited to attend witness sessions (as distinct from those invited to submit written evidence);

v) any preference for meetings to be held on a particular day of the week.

5.0 SUPPORT ARRANGEMENTS

5.1 It is anticipated that support to the JHOSC will be drawn from participating authorities and will follow a similar model to that given to the first JOSC.
Resourcing needs include:

- preparing and sending out the agendas for meetings;
- arranging witnesses for the JHOSC meetings;
- organising venues for the JHOSC meetings;
- providing procedural advice to the JHOSC;
- drafting correspondence on behalf of the JHOSC;
- communicating with NHS London and the JCPCT;
- organising press and PR activity on behalf of the JHOSC;
- minuting the meetings;
- drafting the final report and recommendations for the JHOSC;
- support to the Chairman.

5.2 It is proposed that a core group of borough officers (one/two from each NHS sector) will work together to co-ordinate and provide this support. The officers (with contact details) who have volunteered to provide this support are:

North West London
Gavin Wilson (Kensington & Chelsea)
gavin.wilson@rbkc.gov.uk Tel. 020 7361 2264
and Deepa Patel (Hounslow)
deepa.patel@hounslow.gov.uk Tel. 020 8583 2363

North Central London
Shama Smith (Camden)
shama.smith@camden.gov.uk Tel. 020 7974 3516

North East London
Julia Regan (Redbridge)
Julia.regan@redbridge.gov.uk Tel. 020 8708 2375

South West London
Bernadette Lee (Richmond)
Bernadette.lee@richmond.gov.uk Tel. 020 8891 7761

South East London
Joanne Tutt (Lambeth)

jtutt@lambeth.gov.uk Tel. 020 7926 2173

5.3 Membership of this core group will be reviewed once the JHOSC's Chair and Vice Chairs have been elected. It is anticipated that at least one officer from the Chair's authority will become closely involved in this work, as this was found to be very helpful by the Chairman of the first JOSC. From the experiences gained during the first JOSC it is important for the Chair's authority to secure access to legal advice for this process from within their own authority. It is intended that support officers will provide advice where appropriate, but above all the Chair must be comfortable with the process, procedures and advice received.

5.4 The London Scrutiny Officer Network's co-chairs will also be available to provide strategic and other back-up support as necessary.

.....

Background documents

Discussion paper to Informal Meeting of Health OSC Chairmen (17 December 2008) to consider Stroke/Trauma proposals.