

**MEETING OF THE  
JOINT OVERVIEW AND SCRUTINY COMMITTEE  
TO REVIEW HEALTHCARE FOR LONDON  
FRIDAY 30<sup>TH</sup> NOVEMBER 2007**

**PRESENT: Councillors:**

Marie West – L.B.Barking and Dagenham  
Richard Cornelius – L.B.Barnet  
David Hurt – L.B.Bexley  
Chris Leaman – L.B.Brent  
Carole Hubbard – L.B.Bromley  
Patricia Callaghan – L.B. Camden  
Graham Bass – L.B.Croydon  
Mark Reen – L.B.Ealing  
Mick Hayes – L.B.Greenwich  
Jonathan McShane – L.B. Hackney  
Peter Tobias – L.B.Hammersmith&Fulham  
Gideon Bull – L.B. Haringey  
Vina Mithani – L.B. Harrow  
Ted Eden – L.B.Havering  
Mary O'Connor – L.B.Hillingdon  
Jon Hardy – L.B.Hounslow  
Meral Ece – L.B.Islington  
Christopher Buckmaster – L.B.Kensington and Chelsea  
Don Jordan – Kingston upon Thames  
Helen O'Malley – L.B.Lambeth  
Alan Hall – L.B.Lewisham  
Gilli Lewis – Lavender – L.B.Merton  
Stuart Gordon-Bullock – L.B. Sutton  
Allan Burgess – L.B.Redbridge  
Nicola Urquhart – L.B.Richmond  
Stephanie Eaton – L.B. Tower Hamlets  
Marc Francis – L.B. Tower Hamlets  
Richard Sweden – L.B.Waltham Forest  
Ian Hart – L.B. Wansworth  
Barry Taylor – L.B.Westminster  
Chris Pond – Essex  
Chris Pitt - Surrey County Council

**Officers:**

Tim Pearce – L.B.Barking & Dagenham  
Graham Amita – L.B.Bexley  
Amanda Flower – L.B.Bexley  
Jacqueline Casson – L.B.Brent  
Graham Walton – L.B.Bromley

Michael Carr – L.B. Camden  
Shama Smith – L.B. Camden  
Neal Hounsell – City of London Corporation  
Solomon Agutu – L.B. Croydon  
Trevor Harness – L.B. Croydon  
Nigel Spalding – L.B. Ealing  
Tracy Carpenter – L.B. Greenwich  
Alain Lodge – L.B. Greenwich  
Ben Vinter – L.B. Hackney  
Doreen Forester-Brown – L.B. Hackney  
Tracey Anderson – L.B. Hackney  
Sue Perrin – L.B. Hammersmith & Fulham  
Kevin Unwin – L.B. Hammersmith & Fulham  
Lynne McAdam – L.B. Harrow  
Anthony Clements – L.B. Havering  
Guy Fiegehen – L.B. Hillingdon  
David Coombs – L.B. Hillingdon  
Sunita Sharma – L.B. Hounslow  
Deepa Patel – L.B. Hounslow  
Rachel Stern – L.B. Islington  
Gavin Wilson – R.B. Kensington & Chelsea  
Dave Burn – L.B. Lambeth  
Elaine Carter – L.B. Lambeth  
Barbara Jarvis – L.B. Merton  
Jeanette Phillips – L.B. Richmond  
Phil Williams – L.B. Waltham Forest  
Tasneem Mueen – L.B. Westminster  
Phillipa Stone – L.B. Westminster  
Derek Cunningham – Surrey County Council

**1. WELCOME AND INTRODUCTIONS**

Councillor Peter Tobias stated that as the representative of the hosting borough he would like to welcome Councillors and officers to the meeting and that joint scrutiny by some 31 boroughs was an historic occasion.

Councillor Tobias informed the meeting that the officer support group would conduct the procedure for the appointment of Chairman and Vice-Chairman's.

It was noted the JOSC wanted the elected members to the position of Chairman and Vice Chairmen to be from each of the three major political parties.

**2. APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMEN**

Councillors Mary O'Connor (Hillingdon) (Conservative) and Barry Taylor (Westminster) (Labour) were nominated for Chairman. Councillor Taylor stated that he did not wish his name to go forward for appointment as Chairman.

This being stated Councillor Mary O'Connor was appointed as Chairman.

Councillors Christopher Buckmaster (Kensington & Chelsea) (Conservative), Allan Burgess (Redbridge) (Conservative), Meral Ece (Islington) (Liberal Democrat), Barrie Taylor (Westminster) (Labour), Peter Tobias (Hammersmith & Fulham) (Conservative) and McShane (Hackney) (Labour) were nominated for Vice-chair. Councillors Buckmaster, Burgess, and Tobias are from the same party as the Chairman and were therefore excluded from the next stage of the process.

Councillor Meral Ece (Islington) (Liberal Democrat) was the only Liberal Democrat member nominated for Vice Chairman so therefore was appointed as Vice Chairman.

The two nominees for the second Vice Chairman (Labour): Councillors McShane and Taylor briefly explained why they believed they should hold the post.

A vote (by show of hands) followed:

Councillor Taylor: 13  
Councillor McShane 4

Councillor Taylor was nominated as Vice Chairman.

A vote (by show of hands) on the view that there should be three Vice Chairmen, the third to reflect independents, followed:

In favour: 4  
Against : 12

The Officer support handed over the meeting to the newly elected Chairman Cllr O'Connor.

Councillor O'Connor took the Chair.

### **3. DECLARATIONS OF INTEREST**

Cllr Carole Hubbard - London Borough of Bromley, declared that she is an employee of Bromley PCT.

Cllr Vina Mithani - London Borough of Harrow, declared that she is employed by the Health Protection Agency.

### **4. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors David Hurt (Bexley),

David Abrahams (Camden), Ken Ayres (City of London), Janet Gillman (Greenwich) and Alan Hall (Lewisham) and Councillor Gill Lewis-Lavender (Merton) for lateness.

**5. PROPOSED TERMS OF REFERENCE**

The terms of reference were approved subject to the inclusion of 'people travelling across the GLA boundary with due regard to cross-border issues' at the end of paragraph 2.

**6. PROPOSED RULES OF PROCEDURE**

The rules of procedure were approved subject to the following amendments:

(i) to be made explicit that membership of JOSOC is from elected members; and that, in the event of a vote, a substitute member would have the right to vote on the same way as the main member; should the member and nominated substitute be unable to attend, it was permissible to for another substitute to attend and have a right to vote;

(ii) *Voting*, paragraphs 7-8 the final report to include both majority and minority recommendations;

(iii) *Local Overview and Scrutiny Committees*, Havering proposed an amendment to the "Procedures" paper - specifically to paragraphs 17 -19, on Local OSCs.to:

1. The Joint Committee will invite local health overview and scrutiny committees (including any joint overview and scrutiny committees of two more boroughs) to make known their views on the proposals contained within the consultation.

2. The Joint Committee will consider those views in making its conclusions and comments on the proposals outlined in the consultation document.

3. Local health overview and scrutiny committees (including joint overview and scrutiny committees) will be encouraged to gather views from local NHS bodies and interested parties and advise the Joint Committee of instances where the Joint Committee should take evidence.

**7. DRAFT PROJECT PLAN**

(i) Members wanted to have as much time as possible to hear evidence on such a large and complex set of proposals, which would have far reaching consequences. However, the timescale was very tight. Timescale 1 had been planned by NHS London on the basis of getting views back before the start of the 'purdah' period for the GLA elections in May 2008, i.e. the process was being driven by the election of a body not involved in the consultation. Timescale 2 was the possible timescale should NHS London extend the deadline.

The legal officer from the London Borough of Hackney, who

was present at the meeting, advised she would need to see the legal advice NHS London received on Purdah to give the committee advice at the next meeting on the implications of purdah for the JOSC and reporting timescale.

Officers were asked to seek advice on the proposal that the committee continued taking evidence up to the start of the purdah period, suspend member activity during purdah and meet again after the GLA elections to agree their response.

(ii) Clinicians who were not directly involved in the review would be invited to attend.

(iii) One meeting only had been scheduled for February 2008 to allow adequate time for the report to be written. The Chair and vice, in conjunction with officers, would schedule an additional witness session for early February 2008.

It was agreed that the 2008 meetings would commence at 10.30am.

(iv) Clinical teams would look at particular aspects and proposals. It was agreed that the development of a two way dialogue would be facilitated by access to these teams and that observer status should be requested.

(v) Suggestions were made for the following additions to 'themes and witnesses':

(a) Themes

Cross boundary issues

Finance

Learning disabilities

Maternity services

Older peoples services

Polyclinics (look at the experience of the United States and the John Hopkins model and visit facilities in the United Kingdom, as several models had already been adopted although not always called polyclinics)

Social care

Transport

(b) Witnesses

BMA/Royal Colleges

Health Protection Agency

Healthlink, patients' parliament

Journalists (Times if possible)

Kings Fund (respected in the field of health economics)

Local Medical Committee

London Councils

Mental Health organisation such as MIND or the

PCT representative from periphery of London (cross boundary issues)  
Sainsbury's centre for mental health Patients and Public Involvement Forums (hospitals, PCTs and London Ambulance Services)

It was the role of this committee to take a strategic approach. Active local organisations such as the Lambeth users' group would be consulted by their local health scrutiny committee as the consultation process was rolled out.

(vi) The South West region officer network was asked to re-consider the appointment of a member to the officer support group.

(vii) The order of implementation of the recommendations was very important and a timescale for the process had not been given.

(viii) The report did not give a convincing answer as to how services would be provided for London's rising population.

(ix) It was agreed that at the beginning of each meeting there would be a resume of what had been covered to date.

**Action:**

1. The legal officer, London Borough of Hackney to advise the committee, at its next meeting, of the implications of purdah for the timescale or clarification be sought from NHS London.
2. Officers to seek advice on the proposal that the committee continue to take evidence throughout the purdah period, suspend member activity during purdah and meet again after the GLA elections to agree their response.
3. NHS London to be asked for observer status for the JOSC on the clinical teams.
4. Briefing notes given to future speakers would be copied to the committee.

*The meeting adjourned at 11.30pm and reconvened at 1.30pm. Copies of the final version of the JCPCT consultation document were received and distributed.*

**8. RICHARD SUMRAY, CHAIR OF JOINT COMMITTEE OF LONDON PCTs**

Councillor O'Connor introduced Richard Sumray, Chair of Joint Committee of London PCTs (JPCT) and Chas Hollwey of

Barnet PCT.

During the presentation and discussion with the Chairman of the JPCT the following main points were made –

- The decision making process would be flexible with as many decisions as possible being made at local level by individual PCTs. Decisions would be made a higher level only if imperative to do so.
- The first stage consultation had been delegated to PCTs, which would involve as many people as possible, including 'hard to reach groups'. The consultation was not about specifics, but the direction of travel and the different strands of the report. At the end of the process all information would be gathered and analysed. There would be various stage 2 consultations to discuss local implementation, with key decisions being made during this phase.
- The JCPCT, which had been set up specifically for the purpose of the first stage consultation, would meet monthly, and would meet in public when decisions were being made; i.e. at the end of the consultation. The JCPCT would seek to ensure that all PCTs gave the same message and same level of consultation, but there would be some local variations to meet the needs of boroughs.
- The consultation would be focus on public health; how inequalities in health would be dealt with, improved and changed. Whilst the proposals were medically centred, extension to social care would give added value.
- Funding had been allocated for the consultation. There had been a broad financial appraisal of the end costs, and the proposals were believed to be affordable in line with the increased funding (significantly above inflation) for healthcare in London. NHS finances overall had been turned around in the last 18 months, although there remained a few trusts with deficits.
- Implications for social services had not been integrated into the document and it was anticipated that these would be identified through consultation with local authorities.
- There were no plans for re-organisation of PCTs in the short to medium term, although it was likely that the joint commissioning role with local authorities would be strengthened, and that the provider role would be lessened.
- Consultation currently underway tended to be compatible

with Healthcare for London.

## **9. RUTH CARNALL, CHIEF EXECUTIVE, NHS LONDON**

Cllr O'Connor introduced Ruth Carnall, Chief Executive, NHS London and Bill Gillespie, Interim Communications Director of NHS London.

During the presentation and discussion with the Chief Executive from NHS London the following main points were made –

- A 'big bang' approach was not possible; some changes would require more in depth work/investment. Changes would be implemented by PCTs at local level.
- The quality of hospital food was an important issue for the Chief Nurse, and it was believed that it was improving, but there would be continued vigilance.
- Implementation would primarily be at local and there were already incentives within the system to ensure change. Hospitals were responsible to PCTs and could be held to account through contracts.
- The outcomes of other reviews, such as the North West London Strategy, and the Imperial College Healthcare NHS Trust would have to be balanced with the consultation and some local issues go ahead, for example if the changes were in line with Framework for London or if there were issues of patient safety.
- There were no proposals in respect of PCTs and foundation trust status. The organisational form would be derived from the consultation strategy: a partnership agenda between them would need to work at sector level to bring about effective commissioning of services. There were already a number of joint appointments between local authorities and PCTs and it was likely that there would be a range of different models.
- With respect to pathology services, the development of a larger facility would bring about cost efficiencies, but local x-ray facilities for example could be provided at a polyclinic to meet access criteria.
- NHS London did not plan to top slice PCT budgets again and some £135million had already been returned. Additionally, PCTs would be allowed to retain surpluses. Through the commissioning process, PCTs were able to

direct resources where best services can be delivered to patients. NHS London would challenge the use of resources without interfering and would allow more freedom to good performing PCTs.

- NHS London would welcome any advice from the JOSC as to the success or otherwise of the project. Similarly, local authorities are keen to be proactive and to have broader engagement, without compromising their ability to critic. This could be achieved by the JOSC network aligned to the clinical networks. Chief Executive for NHS London stated that JOSC involvement would be very helpful and that NHS London would provide project resources for these proposals.
- Diabetes had been selected as an example of a care pathway, which would provide an opportunity to work through the care settings for people with complex needs. Care should not revolve through a local hospital, but with complex multi-disciplinary needs being balanced with attendance at a specialist centre.
- Mental health providers had been enthusiastic about polyclinics and integration with primary care services. There had been significant progress in the provision of care outside of hospitals.
- There would be a further review of mental health and childrens' services as these had not been covered in adequate depth.
- Benchmarking was currently fairly insular, but it was planned to extend the boundaries and to look at good practice in the rest of the world, as well as drawing on the national review of good practice.
- The multiple care needs of patients would be assessed on the basis on what could be provided in their own home in a more integrated way; what could be provided in a polyclinic; and what could be provided in a more integrated way.
- NHS London did not want foundation trusts to sell land and other assets to balance their books. However, there were costs associated with owning assets which were not used. An estates plan was being developed, which would stipulate what trust could do with their assets before foundation trust status.

Councillor O'Connor thanked Ruth Carnall and Bill Gillespie for attending.

|

**10. DATE OF NEXT MEETING**

7<sup>th</sup> December 2007 at 10.00am,  
Council Chamber Camden Town Hall

DRAFT

## Appendix One – Amended Terms of Reference for JOSC

### JOINT OVERVIEW & SCRUTINY COMMITTEE TO REVIEW '*HEALTHCARE FOR LONDON*'

#### TERMS OF REFERENCE

1. Consider and respond to the proposals set out in the PCT consultation document '*Healthcare for London: A Framework for Action*';
2. Consider whether the '*Healthcare for London*' proposals are in the interests of the health of local people and will deliver better healthcare for the people of London noting people travelling across the GLA boundary with due regard to cross-border issues
3. Consider the PCT consultation arrangements - including the formulation of options for change, and whether the formal consultation process is inclusive and comprehensive.