

# JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

3.30 pm

Tuesday  
2 July 2013

Barking Town Hall,  
Council Chamber

**COUNCILLORS:**

**LONDON BOROUGH OF BARKING &  
DAGENHAM**

Councillor Syed Ahammed  
Councillor Sanchia Alasia (Chairman)  
Councillor Tariq Saeed

**LONDON BOROUGH OF  
WALTHAM FOREST**

Councillor Khevyn Limbajee  
Councillor Sheree Rackham  
Councillor Richard Sweden

**LONDON BOROUGH OF HAVERING  
(Members subject to confirmation)**

Councillor Wendy Brice-Thompson  
Councillor Nic Dodin  
Councillor Pam Light

**ESSEX COUNTY COUNCIL**

Chris Pond

**LONDON BOROUGH OF REDBRIDGE**

Councillor Stuart Bellwood  
Councillor Hugh Cleaver/Councillor  
Filly Maravala  
Councillor Joyce Ryan

**EPPING FOREST DISTRICT COUNCIL**

Brian Sandler (observer status)

**CO-OPTED MEMBERS:**

Malcolm Wilders

Barking & Dagenham LINK: TBC  
Havering LINK: Ian Buckmaster  
Redbridge LINK: Mike New  
Waltham Forest LINK: Jaime Walsh

For information about the meeting please contact:

Anthony Clements, tel: 01708 433065  
anthony.clements@haverling.gov.uk



# NOTES ABOUT THE MEETING

## 1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

## 2. MOBILE COMMUNICATIONS DEVICES

Although mobile phones, pagers and other such devices are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

## 3. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

**PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.**

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

## **AGENDA ITEMS**

### **1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

### **2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

### **3 DISCLOSURE OF PECUNIARY INTERESTS**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any point prior to the consideration of the matter.

### **4 MINUTES OF PREVIOUS MEETING (Pages 1 - 6)**

To agree the minutes of the meeting held on 9 April 2013 (attached).

### **5 NHS 111 TELEPHONE SERVICE**

To scrutinise with Health Service officers the operation of the NHS 111 telephone service since its introduction in Outer North East London.

### **6 MATERNITY SERVICES**

To receive an update from Barking, Havering and Redbridge University Hospitals NHS Trust and from Barts Health NHS Trust on maternity services in Outer North East London.

### **7 COMMITTEE'S TERMS OF REFERENCE (Pages 7 - 16)**

To receive a report on proposed amendments to the Committee's terms of reference (attached).

### **8 COMMITTEE'S WORK PROGRAMME 2013/14 (Pages 17 - 20)**

To agree the work plan of the Committee for the remainder of the municipal year (report attached).

**9 URGENT BUSINESS**

To consider any other item of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item shall be considered at the meeting as a matter of urgency.

**Anthony Clements**  
**Clerk to the Joint Committee**

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## MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

9 April 2013 (3.30 pm – 5.25 pm)

### Present:

London Borough of Havering:  
Councillors Wendy Brice-Thompson, Nic Dodin and Pam Light

London Borough of Redbridge:  
Councillors Hugh Cleaver and Joyce Ryan

London Borough of Waltham Forest:  
Councillors Khevyn Limbajee (Chairman) Sheree Rackham and Nicholas Russell

Essex County Council:  
Councillor Chris Pond

All decisions were taken with no votes against.

### 31 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event requiring evacuation of the meeting room.

### 32 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from Councillors Sanchia Alasia, Barking & Dagenham and Stuart Bellwood, Redbridge. Apologies were also received from Jilly Mushingon, scrutiny officer, London Borough of Redbridge.

Healthwatch representatives present:  
Mike New, Healthwatch Redbridge  
Joan Smith, Healthwatch Havering

Health officers present:  
John Hine (JH) Consultant Surgeon, Whipps Cross  
Neil Kennett-Brown (NKB) London Cancer  
Mike Gill (MG) Director of Medicine, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)  
Nicole Millane, North East London Commissioning Support Unit

Scrutiny officers present:  
Anthony Clements, Havering (notes)  
Glen Oldfield, Barking & Dagenham

Corrina Young, Waltham Forest  
Farhana Zia, Waltham Forest

Two members of the public were also present.

**33 DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

**34 MINUTES OF PREVIOUS MEETING**

The minutes of the meetings held on 8 January and 13 February 2013 were agreed as a correct record and signed by the Chairman.

**35 UROLOGICAL CANCER PROPOSALS**

JH explained that he chaired the urology pathway board which aimed to make treatment better for patients in North East and North Central London as well as West Essex. The principal drivers for change were to ensure better outcomes for cancer patients in terms of both survival and patient experience. It was also important to promote more clinical trials in order to improve outcomes for some types of cancer.

The overall proposals were to keep less complex surgery at the existing hospitals while there would be a single centre for complex prostate and bladder cancer surgery and a separate single centre for complex kidney surgery. Diagnosis and follow up treatment would still be undertaken locally and health officers stated that only a very few patients would need to travel for their operations.

Working groups drawing up the proposals included patients and GPs and had recommended specialist centres in order that surgeons could perform as many as 50 complex urological operations per year. Each centre would have approximately six surgeons attached to it.

There were not enough patients in the region to make two centres viable and research had shown that functional outcomes in terms of reduced incontinence or erectile dysfunction were better in a single centre. Better facilities such as access to Da Vinci robots would also be available in a single centre.

It was emphasised that the vast majority of patients would still receive their care locally and that fewer than 1 in 5 would need to receive care at a specialist centre. It was estimated that around 225 patients in the sector would need complex surgery for bladder/prostate cancer and around 270 would need such surgery for kidney cancer. In terms of the ONEL boroughs and West Essex, numbers for complex bladder/prostate surgery ranged from 19 per year in Barking & Dagenham to 49 per year in West Essex. For kidney cancer, the equivalent figures varied from 14 in Barking & Dagenham to 29 in West Essex.



The patient pathway would see patients returned to local care as soon as possible after having their operation in a specialist centre. Emergencies would also be treated locally. In some cases, recipients of complex surgery would only need to stay in the specialist centre for one night. The only visits needed to the specialist centres in most cases would be for one pre-op appointment and for the operation itself. The proposed locations for the specialist centres were UCLH for bladder/prostate surgery and the Royal Free Hospital for kidney surgery. Further information on the proposals and the recommendations reached was available on-line.

Engagement on the surgery proposals was taking place from January to April and meetings would also be taking place with patient groups and local CCGs. Additional clinical information and a video on the proposals were available on the website.

Officers felt that the benefits of the clinical outcomes of the proposals outweighed any travel difficulties. It was accepted however that travel concerns were the main issue in Outer North East London and West Essex. Options being considered to address travel concerns included providing more car parking, offering a taxi service or a hotel stay at UCLH. Work was also ongoing with the Mayor's Office and TfL to offer reduced fares to patients and relatives. Another option could be to loan out I-pads to allow patients to communicate with relatives via Skype.

Other feedback from the consultation process had included concerns about Patient Choice although officers confirmed that patients could still, if they wished, attend facilities outside of the London area. Concerns about having a second centre and communication between different centres had also been raised but officers confirmed that the recommendation was to have a single specialist centre. It was also confirmed that any removal of urological surgery from BHRUT would not have an impact on other specialist work carried out by the Trust.

Next steps in the process would include continuing analysis of feedback received and workshops with Health Trusts on implementation. Engagement would also continue and officers were due to meet with the Inner North East London JOSC at the end of April. A final report with recommendations would be presented to NHS England at the end of this process.

The Committee was addressed by the Chairman of Pro-Active a local patient group. The group was disturbed at the effect of the proposals, particularly the impact of travel and access problems on patients who were likely to be mainly middle-aged or elderly. The group felt that there was no good reason for having a single centre and that the location chosen was not the most accessible. 76% of existing operations of this type were currently carried out at Chase Farm, King George or Whipps Cross Hospitals.

The group therefore felt that the proposals did in fact constitute a substantial service change and that full consultation should have been carried out.

Other concerns included the lack of an options appraisal, that the engagement process was too hurried and that no engagement meetings had been held in Essex or Hertfordshire.

Officer responded that the population of the affected areas was insufficient to make more than one specialist centre viable and there also may not be sufficient numbers of surgeons if two centres were to be in operation. In emergency cases, consultants would travel to a patient's local hospital and the patient would not need to re-attend the specialist centre. All stakeholders had been written to in order to confirm timings for meetings etc and officers were also due to meet with the Pro-Active group. Meetings had also been attended in areas including Stratford, Hackney, Hertfordshire, West Essex and Ilford.

Although the engagement period had not been formally extended, responses were still being accepted and meetings held during this period. Any arrangements re transport etc to hospitals would apply to carers as well as patients and details of this would be confirmed in due course. It was agreed that the London Cancer website would be amended to indicate that responses were still being accepted.

Some changes had already taken place as a result of e.g. the Barts Health merger. Some patients had also already chosen to go to UCLH in order to benefit from the robotic surgery being offered there. It was important to diagnose prostate cancer early and bladder cancer was also becoming more common with more women now affected. Officers were therefore considering having patients go straight to diagnostic centres rather than GPs. It was expected that the new model would be implemented within a year. Pilot studies had also been undertaken on carrying out blood tests for prostate cancer in the community.

Members remained concerned at the travel implications for residents of Outer North East London and West Essex. Officers responded that discussions were still ongoing but agreed to keep the Committee informed of the outcome. It was noted that some patients from West Essex would in fact be treated at Addenbrookes or Colchester Hospitals rather than at UCLH. Travel concerns were taken seriously and health officers would be meeting with the Mayor of London in order to discuss these issues. A representative from West Essex was a member of the programme pathway board but felt that the clinical benefits of the proposals outweighed any transport issues.

The largest risk factor for bladder cancer was smoking and risks remained elevated for as much as 30 years after smoking had stopped. Bladder cancer was becoming more common in women and in people aged 50-60. A bladder removal was a very large operation. Prostate cancer was more common in black men, particularly in Africa and the USA although there was a lack of data on these areas. It was thought that this may relate to lower levels of vitamin D and studies were ongoing in this area. Foods such as

cooked tomatoes, green tea and pomegranate juice helped to reduce the risk of bladder cancer.

Officers had discussed the proposals with experts in Manchester, Oxford, Glasgow, Chelmsford and Basildon and remained happy to meet with interested groups. All decision making papers were also available on the consultation website. As regards future work, there was a total of 17 pathway reports from London Cancer, the first of which would come forward from September 2013 onwards.

Three further pilots on bladder diagnosis in the community had been funded by Camden CCG. It was emphasised however that this did not bypass GPs who would become involved as soon as a diagnosis had been made. Much of the follow up care would also be carried out via a patient's GP. Members welcomed these pilots and wished to see the community diagnosis service extended as widely as possible.

The Committee thanked the officers for their attendance and input to the meeting and for the quality of their presentation. The Committee asked that it be noted that they retained concerns over the travel issues and **AGREED** to take an update on the matter in six months. The Committee otherwise **NOTED** the presentation.

**36 CO-OPTION OF REPRESENTATIVES OF LOCAL HEALTHWATCH**

The Committee **AGREED** unanimously to co-opt one representative from each of the Local Healthwatch organisations for Barking & Dagenham, Havering, Redbridge and Waltham Forest.

**37 COMMITTEE'S WORK PROGRAMME 2013/14**

In addition to an update on the urological cancer proposals in six months, the Committee also agreed to take an update on the maternity situation as soon as possible. The Committee also requested a presentation on the NHS 111 telephone service. It was felt that scrutiny of the performance of CCGs could best be carried out at a local level.

**38 URGENT BUSINESS**

Dates and venues of future meetings were **AGREED** by the Committee as follows (all 3.30 pm start):

Tuesday 2 July (Barking & Dagenham)

Tuesday 1 October (Havering)

Tuesday 7 January (2014) (Redbridge)

Tuesday 1 April (Waltham Forest)

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**Chairman**



# Joint Health Overview and Scrutiny Committee

2 July 2013

# REPORT

**Subject Heading:**

Amendments to Committee's Terms of Reference

**Report Author and contact details:**

Anthony Clements, London Borough of Havering  
Tel: 01708 433065  
Anthony.clements@haverling.gov.uk

**Policy context:**

To amend the Committee's terms of reference to reflect recent changes to Health Service structures and other associated issues.

**Financial summary:**

The work of the Joint Health Overview and Scrutiny Committee will be covered by the previously agreed charging scheme between the boroughs. There are no financial implications to the proposed amendments of the terms of reference.

## SUMMARY

This report seeks agreement of the Committee to some changes to its terms of reference in order to more accurately reflect the environment in which its scrutiny powers are operating.

## RECOMMENDATIONS

1. That the Committee agree the revised terms of reference as shown in the appendix to the report.

## REPORT DETAIL

Shown in the appendix is a draft of the Committee's terms of reference. This includes some suggested revisions to reflect new legislative requirements and the recent changes that have been implemented in Health Service structures. For example, the terms of reference now reflect the responsibilities (and the scrutiny powers of the Committee) over local Clinical Commissioning Groups as opposed to the former Primary Care Trusts which have now ceased operation.

The proposed terms of reference also reflect the role on the Committee of the local Healthwatch organisations as opposed to the former Local Involvement Networks.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

None.

### **Legal implications and risks:**

The proposed terms of reference seek to more accurately reflect the current legislative environment in which the Committee operates.

**Human Resources implications and risks:**

None.

**Equalities implications and risks:**

None although one outcome of effective health scrutiny will be to reduce health inequalities for Outer North East London residents.

**BACKGROUND PAPERS  
AND APPENDICES**

No background papers.

Appendix – Proposed revised terms of reference.

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**TERMS OF REFERENCE FOR  
OUTER NORTH EAST LONDON  
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Establishment of the JHOSC**

1. The Outer North East London Joint Health Overview and Scrutiny Committee (the JHOSC) is established by the Overview and Scrutiny Committees having health responsibilities of the London Borough Councils of Barking & Dagenham, Havering, Redbridge and Waltham Forest (“the borough OSCs”) in accordance with s.190-191 of the Health and Social Care Act 2012 and consequential amendments and the Local Authority (Overview and Scrutiny Committees Healthy Scrutiny Functions) Regulations 2002.

**Membership**

2. The JHOSC will consist of three Members appointed of each of the Borough OSCs.
3. In accordance with section 21(9) of the Local Government Act 2000, Executive Members may not be members of an Overview and Scrutiny Committee.
4. The Essex County Council Health Overview and Scrutiny Committee may nominate one full Member for the Joint Health Overview and Scrutiny Committee. Thurrock Borough Council Health Overview and Scrutiny Committee may nominate an observing Member of the Joint Health Overview and Scrutiny Committee. The Councils of the Borough of Brentwood and District of Epping Forest may also nominate observing Members.
5. Each participating London borough OSC will reflect the political balance of the borough Council, unless all participating borough OSCs agree to waive the requirement.

**Attendance of Substitute Members**

6. If a Member is unable to attend a particular meeting, he or she may arrange for another Member of the borough OSC to attend as substitute, provided that a Member having executive responsibilities may not act as a substitute. Notice of substitution shall be given to the clerk before the commencement of the meeting.

**Role and Function of the JHOSC**

7. The JHOSC shall have the remit to review and scrutinise any matter, including substantial variations, relating to the planning, provision and operation of health services that affect two or more boroughs in Outer North East London. The JHOSC will have the right to respond in its own right to all consultations on such matters, both formal and informal.

8. In fulfilling its defined role, as well as reviewing documentation, the JHOSC will have the right to do any or all of the following:

- a. Request information or to hold direct discussions with appropriate officers from each of the following organisations or their successor bodies:

Barking and Dagenham Clinical Commissioning Group (CCG)  
Havering CCG  
Redbridge CCG  
Waltham Forest CCG  
NHS England  
North East London Commissioning Support Unit  
Barking, Havering and Redbridge University Hospitals NHS Trust  
Barts Health NHS Trust  
North East London NHS Foundation Trust  
North East London Community Services  
London Ambulance Service NHS Trust

as well as any other NHS Trust or other body whose actions impact on the residents of two or more Outer North East London Boroughs;

- b. Co-operate with any other Joint Health Overview and Scrutiny Committee or Committees established by two or more other local authorities, whether within or without the Greater London area;
- c. Make reports or recommendations to any of the NHS bodies listed above and expect full, written responses to these;
- d. Require an NHS or relevant officer 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 in connection with a consultation;
- e. Such other functions, ancillary to those listed in a to d above, as the JHOSC considers necessary and appropriate in order to fully perform its role.

Although efforts will be made to avoid duplication, any work undertaken by the JHOSC does not preclude any individual constituent borough Overview and Scrutiny Committee from undertaking work on the same or similar subjects

### **Co-optees**

9. The JHOSC shall be entitled to co-opt any non-voting person as it thinks fit appropriate to assist in its debate on any relevant topic. Each borough Healthwatch organisation for Barking & Dagenham, Havering, Redbridge and Waltham Forest shall be entitled to nominate one co-opted (non-voting) member of the JHOSC. The power to co-opt shall also be available to any Working Groups formed by the JHOSC.

## **Formation of Working Groups**

10. The JHOSC may form such Working Groups of its membership as it may think fit to consider any aspect or aspects of its work. The role of such Groups will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the JHOSC. The precise terms of reference and procedural rules of operation of any such Groups (including number of members, chairmanship, frequency of meetings, quorum etc) will be considered by the JHOSC at the time of the establishment of each such Group; these may differ in each case if the JHOSC considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business from which the press and public could legitimately be excluded under the Access to Information legislation.

## **Meetings of the JHOSC**

11. The JHOSC shall meet formally at such times, at such places and on such dates as may be mutually agreed, provided that five clear days' notice is given of the meeting. The Committee may also meet informally as and when necessary for purposes including, but not limited to, visiting appropriate sites within the boroughs or elsewhere.
12. Meeting venues will normally rotate between the four Outer North East London boroughs.
13. Meetings shall be open to the public and press in accordance with the Access to Information requirements. No tape or video recorders, transmitters, microphones, cameras or any other video recording equipment shall be brought into or operated by any person at a meeting of the JHOSC unless the Chair of the meeting gives permission before the meeting (this exclusion will not apply to the taping of the proceedings by officers responsible for producing the minutes). When permission is given, a copy of any tape made must be supplied to the London Borough of Havering, in its role as Administrator.

## **Attendance at Meetings**

14. Where any NHS officer is required to attend the JHOSC, the officer shall be given reasonable notice in advance of the meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the JHOSC. Where the account to be given to the JHOSC will require the production of a report, then the officer concerned will be given reasonable notice to allow for preparation of that documentation.
15. Where, in exceptional circumstances, the officer is unable to attend on the required date, and is unable to provide a substitute acceptable to the JHOSC, the JHOSC shall in consultation with the officer arrange an alternative date for attendance.

16. The JHOSC and any Working Group formed by the JHOSC may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.
17. The JHOSC shall permit a representative of any other authority or organisation to attend meetings as an observer.

### **Quorum**

18. The quorum for the JHOSC shall be four, provided there is present at least one Member from at least three of the London borough OSCs. For meetings involving the writing or agreeing of a final report of the Committee, the quorum shall comprise at least one representative from each of the four London borough OSCs.

### **Chair and Vice Chair**

19. Each meeting will be chaired by a Member from the host borough on that occasion.

### **Agenda items**

20. Any member of the JHOSC shall be entitled to give notice to the Clerk of the Joint Committee that he/she wishes an item relevant to the functions of the JHOSC to be included on the agenda for the next available meeting. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

### **Notice and Summons to Meetings**

21. The Clerk of the Joint Committee will give notice of meetings to all members. At least five clear working days before a meeting the relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.
22. Any such notice may be given validity by e-mail.
23. The proper officer of each Council shall ensure that public notice of the meeting is displayed in accordance with the customary arrangements of that Council for giving notice of Committee etc. meetings.

### **Reports from the JHOSC**

24. Once it has formed recommendations the JHOSC will prepare a formal report and submit it to the relevant bodies. In accordance with the Department of Health Guidance on the Overview and Scrutiny of Health dated July 2003, the JHOSC should aim to produce a report representing a consensus of the views of its members. If consensus is not reached within the JHOSC, minority views will be included in the report.

25. In undertaking its role the JHOSC should do this from the perspective of all those affected or potentially affected by any particular proposal, plan, decision or other action under consideration.

### **Procedure at JHOSC meetings**

26. The JHOSC shall consider the following items of business:
- (a) minutes of the last meeting;
  - (b) matters arising;
  - (c) declarations of interest;
  - (d) any urgent item of business which is not included on an agenda but the Chair, after consultation with the relevant officer, agrees should be raised;
  - (e) the business otherwise set out on the agenda for the meeting.

### **Conduct of Meetings**

27. The conduct of JHOSC meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.
28. In particular, however, where any person other than a full or co-opted member of the JHOSC has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.
29. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for questioning by members of the JHOSC.

### **Officer Administration of the JHOSC**

30. The London Borough of Havering will be the Lead Authority for clerking and administering the JHOSC. The Clerk of the Committee will be the Principal Committee Officer, London Borough of Havering. Costs of supporting the JHOSC will be shared, in proportion to their representation on the Committee, by the London Boroughs of Barking and Dagenham, Havering, Redbridge, Waltham Forest and by Essex County Council, in cash or in kind.

### **Voting**

31. Members may request a formal vote on any agenda item by informing the Clerk of the Joint Committee at least five working days before a meeting. If it is not possible to give this notice, Members have the right to request a vote at a meeting itself, provided they explain to the meeting why it has not been possible to give the standard notice of this request. The decision on whether to allow a vote, if the standard notice has not been given, will rest with the Chairman of that meeting.

32. Any matter will be decided by a simple majority of those members voting and present in the room at the time the motion was put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote. Co-opted members will not have a vote.

### **Public and Press**

33. All meetings of the JHOSC shall be open to the public and press unless an appropriate resolution is passed in accordance with the provisions of Schedule 17 of the National Health Service Act 2006.
34. All agendas and papers considered by the JHOSC shall be made available for inspection at all the constituent authority offices, libraries and web sites.

### **Code of Conduct**

35. Members of the JHOSC must comply with the Code of Conduct or equivalent applicable to Councillors of each constituent Local Authority.

### **General**

36. These terms of reference incorporate and supersede all previous terms of reference pertaining to the JHOSC.



# Joint Health Overview and Scrutiny Committee

2 July 2013

# REPORT

**Subject Heading:**

Committee's Work Programme 2013/14

**Report Author and contact details:**

Anthony Clements, London Borough of  
Havering  
Tel: 01708 433065  
Anthony.clements@havering.gov.uk

**Policy context:**

To agree the Committee's work  
programme for the 2013/14 municipal  
year.

**Financial summary:**

The work of the Joint Health Overview  
and Scrutiny Committee will be covered  
by the previously agreed charging scheme  
between the boroughs.

## SUMMARY

At this stage of the municipal year the Committee needs, so far as is practicable, to agree its work programme for the forthcoming year. This applies to both the work plan for the Committee as a whole and to the subject of any panel or topic group run under the Committee's auspices.

## RECOMMENDATIONS

1. That the Committee agree its work programme for the 2013/14 municipal year.

## REPORT DETAIL

Shown in appendix 1 is a draft work programme for the Committee's meetings during the municipal year. This has been drawn up by officers following initial discussions with the Committee.

Members may wish to add further work items arising from the issues discussed at the first (July) meeting of the Joint Committee in 2013/14 for example further updates from the local Hospital Trusts.

Members will note that a significant proportion of the workplan has been left blank at this stage. This is to reflect the fact that Members may well wish to select further issues for scrutiny in light of the briefings they are given by Health Trust officers during the year. In addition, previous experience has shown that it is beneficial to leave some excess capacity for scrutiny in order to allow the Committee to respond fully to any consultations or other urgent issues that may arise during the year.

Additionally, the Committee has the power to select an issue for more in depth scrutiny as part of a scrutiny panel or topic group review. It is recommended that, in view of limited resources, only one such topic group is run at any one time. The Committee is therefore requested to consider at this stage, again with the support of officers, if it wishes to undertake a topic group review and what its subject should be.

It should be noted that the Committee also has the power to request written information from local Health Trusts on any subjects within its remit. This power can continue to be used by the Committee at any time and is not therefore considered within this report.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

None – it is anticipated that the work of the Committee will continue to be funded via the existing charging scheme between the Councils.



**Legal implications and risks:**

None.

**Human Resources implications and risks:**

None.

**Equalities implications and risks:**

None although one outcome of effective health scrutiny will be to reduce health inequalities for Outer North East London residents.

**BACKGROUND PAPERS**

None.

**Appendix 1: Draft Work Programme for Joint Health Overview and Scrutiny Committee**

<b>2/07/2013 Barking &amp; Dagenham</b>	<b>8/10/2013 Havering</b>	<b>7/01/2014 Redbridge</b>	<b>8/04/2014 Waltham Forest</b>
Maternity services	Urological cancer services update	NHS Emergency Planning	
NHS 111	A&E services		
Work programme report	Immunisations programme		
Amendments to JHOSC Terms of Reference			

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