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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

2.00 pm	Tuesday 14 October 2014	Havering Town Hall

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Danielle Doyle
Councillor Eileen Keller
Councillor Sanchia Alasia

LONDON BOROUGH OF WALTHAM FOREST

Councillor Stuart Emmerson
Councillor Sheree Rackham
Councillor Richard Sweden

LONDON BOROUGH OF HAVERING

Councillor Nic Dodin (Chairman)
Councillor Gillian Ford
Councillor Dilip Patel

ESSEX COUNTY COUNCIL

Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

Councillor Stuart Bellwood
Councillor Mark Santos
Councillor Tom Sharpe

CO-OPTED MEMBERS:

Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge
Richard Vann, Healthwatch Barking & Dagenham
Alli Anthony, Healthwatch Waltham Forest

For information about the meeting please contact:
Anthony Clements
anthony.clements@oneSource.co.uk, tel: 01708 433065

Essex County Council

Havering
LONDON BOROUGH

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

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 8)

To agree as a correct record the minutes of the meeting held on 22 July 2014 (attached) and authorise the Chairman to sign these.

5 GP LIST SIZES AND CONTRACT ARRANGEMENTS

Presentation from and discussion with Rylla Baker, Deputy Head Primary Care NCEL (London Region) NHS England.

6 URGENT CARE PROCUREMENT

Update on the urgent care procurement exercise by Outer North East London Clinical Commissioning Groups (CCGs) – Alan Steward – Chief Operating Officer, Havering CCG.

7 INTERMEDIATE CARE CONSULTATION (PROVISIONAL ITEM)

Update on consultation on changes to intermediate care services across Barking & Dagenham, Havering and Redbridge.

8 AMENDMENTS TO COMMITTEE'S TERMS OF REFERENCE (Pages 9 - 18)

Report attached.

9 COMMITTEE'S WORK PROGRAMME 2014/15 (Pages 19 - 20)

Attached for review by the Committee.

10 NEXT MEETING

The next meeting is scheduled to be held on Tuesday 13 January 2015 at 2 pm at Redbridge Town Hall.

11 URGENT BUSINESS

To consider any item of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item should be considered 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
Barking Town Hall
22 July 2014 (2.30 - 4.30 pm)

Present:

COUNCILLORS

Barking & Dagenham	Danielle Doyle and Eileen Keller (Chairman)
Havering	Nic Dodin, Gillian Ford and Dilip Patel
Redbridge	Stuart Bellwood, Mark Santos and Tom Sharpe
Waltham Forest	Richard Sweden

Councillor Wendy Brice-Thompson (Havering) was also present.

Healthwatch representatives present:
Richard Vann, Healthwatch Barking & Dagenham
Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge

NHS officers present:
Matthew Hopkins, chief executive, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Alex Higginbotham, BHRUT
Hazel Melnick, BHRUT
Neil Kennett-Brown, North East London Commissioning Support Unit

Council officers present:
Bruce Morris, Barking and Dagenham, Adult Social Care
Masuma Ahmed, Scrutiny Officer, Barking & Dagenham
Anthony Clements, Principal Committee Officer, Havering (Clerk to the Committee)
Jilly Szymanski, Health Scrutiny Coordinator, Redbridge
Corrina Young, Scrutiny Policy Officer, Waltham Forest

One member of the public was also present.

1 **CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received from Councillors Stuart Emmerson (Waltham Forest) Sheree Rackham (Waltham Forest) and Chris Pond (Essex). Apologies were also received from Jaime Walsh, Healthwatch Waltham Forest.

3 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

4 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 8 April 2014 were agreed as a correct record and signed by the Chairman.

It was noted that the London Clinical Senate had been unable to come to a conclusion on a comparison between UCLH and BHRUT as sites for carrying out radical prostatectomies.

5 **COMMITTEE MEMBERSHIP**

The Committee **NOTED** the new membership following the recent Council elections.

The Committee further **APPROVED**, as permitted under point 5 of the Committee's terms of reference, any waiving of the full political balance requirements that may have been required by the individual Councils in their nominations to the Joint Committee.

6 **BHRUT IMPROVEMENT PLAN**

Matthew Hopkins, chief executive of BHRUT, explained that the Trust had been put in special measures in October 2013 and that an improvement director had been appointed. Support was being given to the Trust to deliver its improvement plan. A reinspection of Trust services by the Care Quality Commission was expected in late 2014 or early 2015 although such an unannounced inspection could in fact be launched at any time. The chief executive stressed however that the hospital also depended on the support of its health and social care partners if long term improvements were to be secured.

The Trust improvement plan had been developed in conjunction with the Council and Clinical Commissioning Groups (CCGs) in the BHRUT area as well as with relevant service providers. The improvement plan included a number of key themes. On workforce issues, the chief executive felt that BHRUT staff were on the whole very capable but were too few in number in A&E and some other areas. Nurses had been recruited both locally and from Portugal (who the chief executive felt were well trained and

compassionate) and this cohort would be starting at the Trust in the autumn. There were sufficient nurses at the hospitals on a day to day basis but the reliance on agency staff meant that it was expensive to fully staff the hospitals. The recruitment of radiographers was also a challenge for the Trust.

It was planned to speed up the emergency care pathway and also improve discharge procedures. The improvement plan also emphasised better clinical governance and quality assurance as well as more effective handling and transportation of patient notes.

The chief executive accepted that outpatients was a source of frustration to patients and that procedures around appointments and follow-ups needed to be improved. It was also accepted that it was difficult for patients to find their way around outpatients and signage would be improved. The Trust Board would also be more visible as it sought to improve leadership and organisational development.

The improvement plan was currently 27% completed and the chief executive felt that Trust staff and partners were focussed on improving services for patients. Monthly progress reports would be published on the NHS Choices website and the chief executive was keen to come for further scrutiny at both the borough and joint committee levels.

The chief executive confirmed that he was the accountable officer for delivery of the improvement plan and that a Programme Board was monitoring progress. Each of the five domains of the improvement plan were given a RAG rating and outpatients currently had a red rating as not enough progress was being made.

It was emphasised that partner organisations were now much more engaged with the improvement process and saw themselves as part of the solution. External governance was led by the Trust Development Authority and the chief executive had performed a similar turnaround process at another Health Trust. Extra transitional funding was however needed this year to allow better management of patients and this was currently being discussed with the CCGs.

The chief executive was confident that the Trust's deficit could be reduced over the next 3-4 years. He wished to recruit and retain staff better which would lead to a reduced need for agency workers. It was anticipated that the Trust would record a deficit of £38 million at the end of the year, on a turnover of £450 million. It was planned to stabilise the deficit this year and reduce this over the coming years and the chief executive was happy to give further updates on the Trust's financial position.

It was agreed that the Better Care Fund was an important change in the use of NHS resources. It was hoped people would spend more time at home and less in hospital and these issues were currently being worked on with the Trust's partners. A quality summit had recently been held with partners

and the chief executive was confident that the Better Care Fund could be implemented successfully.

The Committee **NOTED** the position with the BHRUT improvement plan.

7 **BHRUT - BREAST CARE SERVICES - CHANGE OF LOCATION**

The BHRUT chief executive explained that the Trust felt this was not a substantial variation to services (and hence required public consultation) but rather an enhancement to existing services. It was proposed to relocate services from the Victoria Hospital in Romford to King George Hospital in Goodmayes and the chief executive asked the Joint Committee to agree that formal consultation was not necessary.

There were a number of reasons for this change including that it would help to complete the centralisation of services and that the Victoria Hospital was an old building with worsening facilities. Access and parking was easier at King George and there was also a financial benefit from no longer having to pay rent on both sites. The breast care service was also currently located over several different floors at the Victoria Hospital whereas services would all be on the same floor at King George. The chief executive added that the commissioners – Public Health England supported the change of location and there had not been any objections raised by patient representatives.

Only six per cent of initial breast screens would in fact be moved as many people already went to King George for this service. The chief executive felt that the proposal improved the breast care service in terms of facilities and accessibility. The proposal would be considered by the Trust Board in September following which there was likely to be further public consultation. It was planned for the new unit at King George to be fully operational from July 2015.

It was emphasised that King George would not be the only provision for breast care services and that the mobile screening service would continue from its current locations. Any proposed additional sites would be considered in conjunction with Public Health England. Analysis of scans would continue to be carried out at King George, as was the current practice. It was also felt that there would be minimal transition required as the service could continue at the Victoria Hospital while the new unit at King George was being built. BHRUT did not own the Victoria site and it would be for the owners to decide if the site would eventually be sold.

It was hoped to increase capacity at the King George unit in the future by opening in the evenings but this would need to be considered in detail. It was accepted that public transport to King George from areas such as Romford was difficult and often left patients with a considerable walk from the A12. The chief executive confirmed that discussions on improved transport links were ongoing with Transport for London and asked for the Committee's support with this.

The Committee requested that a map of current locations of the mobile screening units be provided as well as a breakdown of the breast care process.

It was **AGREED** that the matter be scrutinised in more detail by those borough Health Overview and Scrutiny Committees that wished to. It was also noted that, should it be decided that formal consultation be required, this would need to be undertaken with the Joint Committee.

8 **CANCER AND CARDIOVASCULAR PROPOSALS**

The BHRUT chief executive confirmed that the proposals to move radical prostatectomy surgery from BHRUT to UCLH had been taken to the Trust Board and that the Board felt the proposals were the right ones. It was emphasised that a great deal of cancer and cardiovascular care would continue to take place at King George and Queen's. The chief executive was unsure at this stage if only having robotic prostate surgery based at Queen's would reduce patient choice, feeling that this was also a matter for commissioners.

An officer from the North East London Commissioning Support Unit explained that cancer and cardiovascular disease were the main causes of early death in the local area. In order to address this, a new cardiac centre was being built at Barts and tours of the site were available. The new centre would open in September 2014 at which point patients would transfer from the London Chest and Heart Hospitals.

The cancer proposals had been commissioned by NHS England and proposed reducing the number of sites at which surgery for several different types of cancer had been performed. This was based on work first undertaken in 2010 which had concluded that some specialist procedures were being carried out in too many hospitals. The preferred option to reduce the number of sites at which e.g. brain or kidney cancer operations were performed had been agreed by NHS England and CCGs in May 2014 and final decisions would be taken at a meeting of commissioners on 25 July.

Implementation, if the proposals were agreed, would take place between 2014 and 2018 and implementation timescales would be different for each pathway. Discussions were currently taking place with Local Healthwatch organisations to discuss the next phase of engagement.

Feedback from the public had generally supported the proposals but some concerns had also been raised. There was a need for better prevention and early diagnosis (which commissioners supported) and some concerns over travel issues had also been raised. Additionally, local campaign groups had not supported the proposals for prostate cancer. Officers explained that the London Clinical Senate had reviewed and supported the prostate proposals although it was accepted that the two sites (BHRUT and UCLH) could not be compared directly. Latest guidance was that a site carrying out robotic

prostatectomies should conduct 150 operations per year but BHRUT currently only carried out 80 such operations annually.

If the proposals were approved by commissioners, it was not expected that services would change straightaway. A Gateway process would be established by commissioners of tests that would need to be met before services were changed.

Clinicians would not transfer under the proposals. Patients would continue to have pre and post-operative treatments at their local hospital with only the operation itself taking place at a specialist facility. Staff consultation would be carried out if the proposals were approved. The Gateway process would ensure that patient concerns would still be considered. There would also be a Joint Development Group for patients to feed into the Gateway process.

The Committee **AGREED** that presentations on items at the meeting should be circulated before the meeting, if available.

The Committee **NOTED** the update.

9 TRANSFORMING SERVICES, CHANGING LIVES

The Commissioning Support Unit officer announced that on 9 July, Newham, Tower Hamlets and Waltham Forest CCGs had launched a case for change in order to establish which health services in Inner North East London may need to be altered. A final case for change was now in the process of being developed.

Barking & Dagenham and Redbridge CCGs were also involved in the process and engagement would continue until 21 September. Further details were also due to be given to the Redbridge Health Overview and Scrutiny Committee and it was noted that proposals were at a very early stage.

The Committee **NOTED** the position.

10 COMMITTEE'S WORK PROGRAMME

It was suggested that children's hospital services such as Great Ormond Street that were used by residents of all the boroughs covered by the Committee could be scrutinised at a future meeting.

It was **AGREED** that more suggestions for the work programme could be taken at the Joint Committee's next meeting.

11 **ROLE OF LOCAL HEALTHWATCH WITH THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

It was **AGREED** unanimously that one co-opted, non-voting Member from each of the following Healthwatch organisations should continue to serve on the Committee:

Healthwatch Barking & Dagenham
Healthwatch Havering
Healthwatch Redbridge
Healthwatch Waltham Forest

12 **MEETING START TIMES AND VENUES**

By a majority of five votes in favour to two against, it was **AGREED** that future meetings should commence at 2 pm. The schedule of meetings for the remainder of the municipal year would therefore be as follows:

Tuesday 14 October 2014, 2 pm, Havering
Tuesday 13 January 2015, 2 pm, Redbridge
Tuesday 14 April 2015, 2 pm, Waltham Forest

13 **URGENT BUSINESS**

There was no urgent business.

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Chairman

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Item
REPORT

Joint Health Overview and Scrutiny Committee

14 October 2014

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@onesource.co.uk
Policy context:	To agree changes the Committee's Terms of Reference
Financial summary:	The work of the Joint Overview and Scrutiny Committee will be covered by the previously agreed charging scheme between the boroughs.

SUMMARY

The Committee is asked to agree some amendments to its Terms of Reference clarifying its powers to respond to formal consultations and refer matters to the Secretary of State. This would reflect the latest Health Scrutiny guidance issued by the Department of Health.

RECOMMENDATIONS

1. That the Committee agree to the insertion of the following additional paragraphs into its Terms of Reference:

26. *Under guidance on Local Authority Health Scrutiny issued by the Department of Health in June 2014, only the JHOSC may respond to a formal consultation on substantial variation proposals covering health services in more than one constituent Council area. This power also extends to the provision of information or the requirement of relevant NHS officers to attend before the JHOSC in connection with the consultation.*

27. *The JHOSC may only refer matters directly to the Secretary of State on behalf of Councils who have formally agreed to delegate this power to it.*

REPORT DETAIL

1. In June 2014, new guidance on Local Authority Health Scrutiny was released by the Department of Health. This clarified that it was the responsibility of the Joint Committee (JHOSC) to give a (formal) response to any formal consultation on proposals for substantial variations in health services. This of course would only apply to instances where those variations covered more than one Local Authority area covered by the JHOSC. Individual Councils or departments would still be able to respond informally to any consultations but the responsibility to give a formal response would lie with the JHOSC. Members may recall that this is broadly the basis on which the JHOSC has worked up to now in any case.

2. Once responses have been given to a formal consultation and these have been responded to by health officers, there is the power to refer a matter to the Secretary of State for Health for final decision. One change under the new guidance is that this power of referral is reserved to the full Councils of the constituent JHOSCs, unless one or more of those full Councils have chosen to delegate this power to the JHOSC. Thus any referral to the Secretary of State by the JHOSC could only be on behalf of those Councils who have specifically delegated this power to it.

3. The proposed revised Terms of Reference of the Committee are attached for review by Members. Paragraphs 26 and 27 seek to reflect the changes outlined above.

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:

The proposed changes to the Committee's Terms of Reference seek to reflect 'Local Authority Health Scrutiny – Guidance to Support Local Authority Partners to Deliver Effective Health Scrutiny' published by the Department of Health in June 2014.

Human Resources implications and risks:

None.

Equalities implications and risks:

None.

BACKGROUND PAPERS

Local Authority Health Scrutiny – Guidance to Support Local Authority Partners to Deliver Effective Health Scrutiny, Department of Health, June 2014

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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 each nominate an observing Member.

5. Appointments made to the JHOSC by each participating London borough OSC will reflect the political balance of the borough Council, unless a participating borough OSC agrees to waive the requirement and this is approved by the JHOSC.

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 or 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.

Formal Consultations and Referrals to Secretary of State

26. Under guidance on Local Authority Health Scrutiny issued by the Department of Health in June 2014, only the JHOSC may respond to a formal consultation on substantial variation proposals covering health services in more than one constituent Council area. This power also extends to the provision of information or the requirement of relevant NHS officers to attend before the JHOSC in connection with the consultation.

27. The JHOSC may only refer matters directly to the Secretary of State on behalf of Councils who have formally agreed to delegate this power to it.

Procedure at JHOSC meetings

28. 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

29. 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.

30. 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.

31. 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

32. 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

33. 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.

34. 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

35. 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.

36. 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

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

General

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

ONEL JOINT HEALTH OSC, WORK PROGRAMME 2014-15

22/07/14, BARKING & DAGENHAM	**14/10/14, HAVERING**	**13/01/15 REDBRIDGE**	**14/04/15 WALTHAM FOREST**
Cancer and cardiovascular update (incl. outcome of London Clinical Senate review)	GP contract arrangements and list sizes	Essex pharmacy arrangements with GPs	
BHRUT – Change of location of breast care services	Urgent care reprocurement	Children's services/Great Ormond Street	
BHRUT – Trust action plan	JOSC work plan		
Confirmation of co-optees	Revised terms of reference		
Amending start times	Intermediate care consultation		

Other possible items:

NELFT

Moorfields move.

NHS 111

CQC

Maternity Serices

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