

# **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**4 JULY 2012

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CMT Lead:

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Services

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Policy context:

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To agree the Committee's work

programme for the 2012/13 municipal

year.

#### **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 of the Committee as a whole and to the subject of any topic group run under the Committee's auspices.

#### RECOMMENDATIONS

That the Committee agree its work programme for the 2012/13 municipal year.

#### REPORT DETAIL

Shown in the schedule at the end of the report is a draft work programme for the Committee's six meetings during the municipal year (this does not include the Joint Overview and Scrutiny Committee meeting held in January to consider the

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Council's budget). This has been drawn up by officers following initial discussions with the Chairman and the discussions held at the Committee's last meeting.

It is suggested that the Committee allocate time during the year for senior representatives of each of the local Health Trusts or other relevant bodies to brief the Committee on current issues and progress. The programme in the schedule therefore includes these briefing sessions as well as specific issues that are known at this stage.

Members will note that a significant proportion of the work plan has been left blank at this stage. This is to reflect the fact that Members may wish to select further issues for scrutiny in light of the briefings they are given by health sector officers during the year. In addition, previous experience has shown that is beneficial to leave some excess capacity 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 may wish to select an issue for more in depth scrutiny as part of a topic group review. Council has 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 what should be the subject of its next topic group review, if any.

It should be noted that the Committee has in the past made extensive use of its powers to request written information from the Health Trusts on any subjects within its remit. This power can 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 can be supported by existing staff resources and minor budgets within democratic services.

#### Legal implications and risks:

The Committee's scrutiny powers are as given in the NHS Act 2006, s. 244.

**Human Resources implications and risks:** 

None.

Equalities implications and risks:

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None although one outcome of effective health scrutiny will be to reduce health inequalities for Havering residents.

# **BACKGROUND PAPERS**

None.

### SCHEDULE: PROPOSED HEALTH OSC WORK PROGRAMME 2011/12

Meeting Date	4/07/12	3/10/12	20/11/12	7/02/12	21/03/12	18/04/12
	BHRUT Update	LINk Annual Report	GP consortia	NELFT	Clinical Commissioning Group	Quality Accounts
	Work programme report	Clinical Commissioning Group	BHRUT (A&E and maternity)	Hospital Complaints	Public Health	Annual Report
	JOSC nominations	Health and Wellbeing Board	Community Services (NELCS)			Healthwatch
	Hospital Transport					
	H4NEL	H4NEL	H4NEL	H4NEL	H4NEL	H4NEL

#### Other dates to note:

25 June 2012 – Health Scrutiny Training 6 September 2012 – Patient Discharge Topic Group