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**Agenda for the meeting of the Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Overview and Scrutiny Committee on the East of England Acute Services Review to be held on Friday 1<sup>st</sup> February 2008 at County Hall, Cauldwell Street, Bedford, MK40 4BY starting at 11.00am.**

- 1. Introductions**
- 2. Election of Chair (Election conducted by the Advisor)**
- 3. Election of Vice Chair (Election conducted by the Chairman)**
- 4. Declaration of Personal and Prejudicial Interests**
- 5. Statutory Basis of the Joint Committee**
- 6. Composition and Size of the Joint Committee**
- 7. Terms of Reference of the Joint Committee**
- 8. Supporting the Joint Committee**
- 9. Title of Strategic/Service Being Consulted Upon - Joint Committee's conduct of its business**
- 10. Presentation by the Strategic Health Authority and other consulting NHS Bodies**
- 11. Programme of future meetings**
- 12. Date of Next Meeting**

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**Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Scrutiny Committee.**

**1<sup>st</sup> February 2008**

**Agenda Item 5**

**Statutory Basis of the Joint Committee**

**Report of the Advisor**

1. The Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Scrutiny Committee is established under powers set out in the Health and Social Care Act 2001 and under the Direction issued by the Secretary of State for Health on 17 July 2003 under statutory instrument 3048 of 2002 – the local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

2. Paragraph one of the Direction relates to application, commencement and interpretation, including definitions of which local authorities, Social Services Authorities, it applies to. Paragraph 2 of the Direction states

*"Where a local NHS Body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such a service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint committee may:*

*a) make comments on the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations:*

*b) require the local NHS body to provide information about the proposal under regulation 5 of the Regulations: or*

*c) require an officer of the lead local NHS body 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 the consultation."*

3. The Committee has been established by Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Councils to discharge the requirements of the Direction in relation to matters which affect all of the constituent Councils, specifically the consultation of the ten authorities by the health bodies proposing substantial changes and/or developments to health services in their areas arising from the Strategic Vision for the East of England National Health Service and related matters.

4. The Committee is recommended to agree this report

**Bill Hamilton  
Adviser to the Committee**

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**Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Scrutiny Committee.**

**1<sup>st</sup> February 2008**

**Agenda Item 6**

**Composition and Size of the Joint Committee**

**Report of the Advisor**

1. The Committee will comprise one member of each of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Councils as the relevant Social Services authorities in the area served by the East of England Strategic Health Authority. Members will be politically proportional to the membership of their local authority, unless both:

- that authority's full Council agrees, with no-one dissenting, to waive the political proportionality requirement for their own members
- and
- Members of all authorities represented on the joint committee agree to waive that requirement.

Appointments to the Joint Committee have been made by the constituent bodies to reflect their own political proportionalities in accordance with the relevant legislation.

2. The Committee is requested to determine whether it wishes to allow for substitute members if a named member of the Committee is indisposed. The advice of the Eastern Region Health Scrutiny Chairs' Forum is that each authority should be allowed to nominate one named member to substitute for either of their appointed members. (A copy of the Minutes of the Chairs' Forum is attached as Appendix A to this report). Those Minutes also recommend in paragraph (c) that *"the new Regional Joint Health Scrutiny Committee to be asked to consider co-opting a member nominated by EERA on to the Committee. If one of the main political parties is not represented on the Committee, if it so wished, EERA could use their nomination to address this"*. The Committee is asked to specifically address this issue. EERA has nominated Councillor Nick Hollinghurst as its representative.

3. The Committee is also requested to determine a quorum for its meetings. The Chairs Group has suggested that a quorum of members representing five local authorities (ie excluding coopted members) would be appropriate. This represents one half of the Committee.

**4. Recommendation**

**The Joint Committee is recommended to agree that:**

- a) the Committee comprises one member of each of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Councils as the relevant Social Services authorities in the area served by the East of England Strategic Health Authority**
- b) named substitute members be allowed if the nominated member is indisposed**
- c) EERA's nomination of a member to the Committee be accepted**
- d) that a quorum of members representing five local authorities (ie excluding coopted members), one half of the Committee, be agreed.**

**Bill Hamilton  
Advisor to the Committee**

**APPENDIX A**

**Extract from the Minutes of the East of England Health Scrutiny Chairs Forum held on 8 October 2007.**

**9. ESTABLISHMENT OF REGIONAL JOINT HEALTH SCRUTINY COMMITTEE(S)**

The Forum discussed the proposal to form two Regional Joint Health Scrutiny Committees covering the following topics:

- i) Acute Services Review,
- ii) Improving Lives – Saving Lives.

After detailed discussion regarding the purpose and administration of the potential scrutiny committees, the following was agreed:

- a) Each constituent authority to be asked to nominate one member and one named substitute to serve on one Regional Joint Health Scrutiny Committee.
- b) The Joint Committee will scrutinise:
  - Acute Services Review,
  - Improving Lives, Saving Lives,
  - Our NHS – Our Future (the ‘Darzi’ Review),
  - When available, the new SHA ‘vision’ document for health in the East of England NHS.
- c) The new Regional Joint Health Scrutiny Committee to be asked to consider co-opting a member nominated by EERA on to the committee. If one of the main political parties is not represented on the Committee, if it so wished, EERA could use their nomination to address this. (note EERA = East of England Regional Assembly)
- d) The Joint Committee to prepare a budget and work plan to be reported back to the constituent authorities.
- e) Bedfordshire County Council to be the lead authority and is authorised to recharge constituent authorities for the administration of the Joint Committee.
- f) The Joint Committee to appoint a Chairman and Vice Chairman and agree Terms of Reference at its inaugural meeting.

It was agreed that the preferred way forward would be to hold an informal meeting of nominated members during the morning of the inaugural meeting followed by a formal meeting in the afternoon when administration would be dealt with together with formal appointments of Chairman etc. The next meeting would then be able to begin dealing with the substantive scrutiny issues. It was also agreed that if possible, two meetings should be held this financial year with dates to be agreed for the following year. (END of Minute)

**Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Scrutiny Committee**

**1<sup>st</sup> February 2008**

**Agenda Item 7**

**Terms of Reference of the Joint Committee**

**Report of the Advisor**

1. The Joint Committee is invited to determine its terms of reference. The Committee may wish to consider the following

"to review and scrutinise, in accordance with Regulations under Section 7 of The Health and Social Act 2001 and the Secretary of State for Health's Direction of 17 July 2003, matters relating to the substantial developments or variations in NHS services in respect of the document "A Strategic Vision for the East of England NHS" being consulted upon by the relevant NHS bodies across the whole of the areas of the Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Social Services Authorities and specifically including the documents, "*Improving Lives: Saving Lives*", "*Our NHS – Our Future*" (*the Darzi review*) and, when available, the East of England's Strategic Health Authority's 'Vision' document for Acute and other Health Services in the East of England, together with any relevant technical papers, including the Strategic Health Authority's and Primary Care Trusts' proposed plan(s) for implementing the proposals in "A Strategic Vision for the East of England NHS" over the next five years. "

2. This form of words will enable the Joint Committee to focus on those issues for which it has responsibility, thereby avoiding confusion between the role of the Joint Committee and the responsibilities of the Health Overview and Scrutiny Committees of the constituent authorities.

3. The Joint Committee is established to deal with the proposals in "A Strategic Vision for the East of England NHS" rather than as a standing committee. At the conclusion of its business the committee will disband itself, having completed its job. (The Committee may wish to consider arrangements for monitoring the impact/success of the strategy/proposals set out in the Vision document)

4. The Committee is **recommended** to determine its terms of Reference as suggested in paragraph 1 above and agree that the initial focus of the Joint Committee is as suggested in paragraph 3 above.

Bill Hamilton  
Adviser to the Committee

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**Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Scrutiny Committee**

**1<sup>st</sup> February 2008**

**Agenda Item 8**

**Supporting the Joint Committee**

**Report of the Advisor**

1. The proposed arrangements for supporting the Committee are set out below. The Committee will have the services of a dedicated advisor who will ensure:

- (a) The provision of advice to the Chairman and the Vice Chairmen and members of the committee on the formulation and content of an Agenda for each meeting.
- (b) The negotiated attendance of expert or NHS officer witnesses and other witnesses with relevant and pertinent evidence and the issuing of invitations as appropriate.
- (c) The provision of advice to the committee.
- (d) The preparation/authorisation of an agreed set of minutes to be provided to the next meeting of the committee for their approval.
- (e) Support to any public inquiry/examination in public arising from the work of the Joint Committee

This will also necessitate:

- (a) Advice on correspondence on behalf of the committee in discharging its functions
  - (b) The preparation of a work programme and calendar of meetings of the committee.
  - (c) Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Councils will make available to the Advisor all documentation relating to the terms of reference of the Joint Committee and in particular documentation pertaining to an authority's area which is relevant to the Joint Committee's work as described in the Regulations covering Health Scrutiny by Local Authorities laid under the Health and Social Care Act 2001 or subsequent relevant legislation.
2. The Joint Committee will be advised as to legal matters by the County Secretary/Solicitor of the lead authority.
3. The Joint Committee will be advised as to financial matters by the Chief Finance Officer of the lead authority.
4. The Chairman and Vice Chairman of the Committee will approve any press or other media releases on behalf of the Joint Committee (with recognition that each participating authority reserves its position) and the press and public relations function of the lead authority will provide professional support in respect of such work.
5. The Adviser will liaise with the Head of Scrutiny (or equivalent officer with that responsibility) of each of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Councils in respect of matters affecting those authorities' areas.

6. The lead authority will make provision for the clerking and meeting venues for the Joint Committee.
7. The costs of operating the Committee will be shared between the participating/constituent authorities on the basis of each authority contributing an equal share.
8. The Committee is **recommended** to approve these arrangements.

**Bill Hamilton**  
**Advisor to the Committee**

**Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Overview and Scrutiny Committee**

**1<sup>st</sup> February 2008**

**Agenda Item 9**

**“A Strategic Vision for the East of England NHS” - Joint Committee’s conduct of its business**

**Report of the (Advisor)**

1. Later this year the East of England Strategic Health Authority will publish, on behalf of the relevant local NHS bodies, a service strategy and proposals in “A Strategic Vision for the East of England NHS” arising from the review of acute and other health services across the Eastern Region. Following publication there will be a three month period of consultation. The Committee has the right to make comment on the strategy and the detailed proposals set out in it.
2. The Joint Committee will appreciate that its role is to consider two issues in respect of the review of health services in the East of England. The first is to establish that the proposals set out in the proposed strategy are in the interests of the health service locally and the health of the region’s residents.. The second is to satisfy itself that the consultation with the Joint Committee by the consulting NHS bodies has been adequate for the purposes. If the Joint Committee is not satisfied on either of these points it has the power to refer the strategy and/or proposals, together with a statement of its concerns, to the Secretary of State for Health.
3. The Joint Committee is not a consulting body itself. Section 11 of the Health and Social Care Act 2001 places that responsibility on those who are consulting – the relevant NHS Bodies.
4. It is suggested that at the first substantive meeting of the Joint Committee the Project Director for Service Reconfiguration is invited to make a presentation to the Committee on the proposals in “A Strategic Vision for the East of England NHS” and the proposed consultation arrangements.
5. The Joint Committee will need to consider whether it wishes to hold evidence gathering sessions and if so whether how many such sessions there should be. The Committee will need to determine whether it wishes to hear from relevant Patient and Public Involvement Forums/LINKs Organisations and how it wishes to deal with receiving and considering written submissions from patients groups and other stakeholders. If the Joint Committee wishes to proceed in this way, arrangements for publicising the evidence gathering sessions will need to be determined. Such arrangements should be published by each of the participating authorities in the normal way and on their websites.
6. The Committee will need to consider if it wishes to appoint an expert adviser to support its work. At the time of writing it is not clear whether the Joint Committee has a budget for such purposes and the Committee will be advised further on this issue at the meeting.
7. The Committee will wish to collate the evidence it has received and make a report to the East of England Strategic Health authority (and/or other consulting NHS bodies). This will need to be drafted and submitted to the Joint Committee before it is submitted to the Strategic Health Authority (or other consulting NHS bodies) by the close of the consultation period.
8. It is hoped that a unanimous report can be submitted but if that is not possible then

there would need to be a protocol for determining the basis for any minority report(s). It is suggested that any single authority or individual member of the Committee who wishes to provide a minority report should receive support from the Advisor.

9. The relevant Department of Health Guidance provides for the range of interested parties to whom the Joint Committee's Report should be submitted. These include

- a) the full Councils of the participating local authorities,
- b) Joint or Partnership Boards,
- c) Local Strategic Partnerships,
- d) Local MPs,
- e) Relevant patient forums (or LINKs),
- f) Local voluntary organisations with an interest,
- g) NHS Trusts and PCTs,
- h) other local authorities with an interest, for example neighbouring authorities.

The Guidance also suggests that the report is made available in local libraries, community venues and on websites.

10. The Committee may wish to consider, with the Strategic Health Authority (and/or other consulting NHS bodies), mechanisms to measure the implementation, monitor the success of the strategy and to report on the findings of that work.

11. Accordingly it is **recommended** that the committee conducts its business by,

a) the Joint Committee receiving a report from the consulting authorities on the content and rationale of the strategy/proposal. The Joint Committee may then wish to receive evidence from any Specialist Advisor and/or the Advisor to the committee on the nature of the strategy and proposals and on their merits and deficiencies. If, following those two reports and the Joint Committee's consideration of them, the Committee is minded to respond to the consultation then it will need to submit a response in accordance with the consultation timetable. The preparation of such a submission will be the responsibility of the Advisor, will be the subject of debate and determination by the Joint Committee and may involve the Joint Committee hearing evidence from those who wish to comment on or make representations about the strategy and proposals.

b) following the closure of the consultation period and after the consulting bodies have considered the responses to the consultation and made a decision on the strategy and proposals, the Joint Committee will request a paper from the consulting bodies to demonstrate that the consultation has been adequate and that the strategy and proposals, as finally determined, are in the interests of health locally. At this stage the Joint Committee will wish to consider whether (or not) it holds hearings to receive evidence from those respondents who do not believe that the consultation has been adequate or who believe that their representations have not been listened to.

c) at a separate meeting, after the NHS and other bodies have made their decision on the strategy, the Joint Committee will consider, via a report from the Advisor, as to whether the Committee is minded to sign off the strategy or whether it wishes to exercise its powers to refer the strategy and/or proposals to the Secretary of State, and if so, on what grounds.

**Bill Hamilton**  
**Advisor to the Joint Committee**

**Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Luton, Norfolk, Peterborough, Southend, Suffolk and Thurrock Joint Health Scrutiny Committee**

**1<sup>st</sup> February 2008**

**Agenda Item 10**

**Programme of Future Meetings.**

**Report of the Advisor**

1. The Joint Committee is invited to consider how many meetings it wishes to have to undertake its task. The reports elsewhere on this agenda have sketched out the scope of and approach to work that the Joint Committee is likely to address to deal with the proposals in "A Strategic Vision for the East of England NHS"
2. It is suggested that a programme three or four meetings is established, The first meeting would hear about the proposals and the evidence (including technical work) that underpins the proposals. The second (and possibly third ) meetings could take evidence from interested parties. The final meeting would sign off any response to the consultation. The Committee would also need to reconvene after the consulting NHS bodies have determined a way forward in light of the responses to the consultation. The need to meet the closing dates for the consultations by the East of England Strategic Health Authority and other relevant consulting NHS Bodies may also determine the timings of such meetings.
3. The Advisor will prepare a programme of meetings once the Joint Committee has determined how it wishes to work.

**Bill Hamilton**  
**Advisor to the Committee**

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