

**LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT
HEALTH SCRUTINY COMMITTEE – 22ND MARCH 2005**

REPORT OF THE SECRETARY

**ESTABLISHMENT OF WORKING ARRANGEMENTS
AND WORK PROGRAMME**

Purpose

1. The purpose of report is to outline:-
 - i) working arrangements to facilitate the operation of the Joint Health Overview and Scrutiny Committee;
 - ii) the initial work programme of the Joint Committee.

DoH Directions regarding Joint Committees

2. Directions issued by the Department of Health in July 2003 require Social Services Authorities to appoint a joint Overview and Scrutiny Committee (OSC) in circumstances where a local NHS body consults one or more OSC 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.

Position locally on establishing a Joint Committee

3. Leicestershire County Council and Leicester City Council have made provision within their respective Constitutions which allows for the establishment of a Joint Health Overview and Scrutiny Committee. The provision in the Constitutions also enables Rutland Council to participate in the joint committee. Rutland Council previously indicated a willingness to participate and has nominated two members to serve on the Joint Committee, once established.

Outcome of discussions

4. Following a meeting between the Chairman and Spokesmen of the City, County and Rutland and officers of those Councils the following suggestions are being put forward for member consideration and approval.

a) Membership

The Membership of the Committee to total 16. (7 members nominated by the County Council, 7 by the City Council and 2 by Rutland Council). In view of the size of the Committee it is suggested there should be no co-opted members.

b) Chairman and Vice Chairman

The Chairmanship to rotate between the County Council and Leicester City Council on a two-year cycle. The Vice Chairman would be from the Authority not holding the Chair.

The County Council to nominate the Chairman for the period up to June 2007. The City Council to nominate the Chairman for the period from June 2007 – June 2009.

c) Secretariat

The Secretariat to be provided by the Authority nominating the Chairman. The Secretariat will liaise with all 3 authorities in drawing up the agenda. The Standing Orders of the Authority providing the Secretariat will apply to the Joint Committee.

d) Policy Support

Both the County Council and the City Council have a Policy Officer to assist their Health Scrutiny process.

Both policy officers will liaise with and assist the Secretariat in drawing up the agenda and undertaking or commissioning research from within their respective Councils on behalf of the Joint Committee. Liaison will also take place with nominated officers from Rutland Council.

e) Agenda Planning and Briefing

The Chairman and Vice Chairman to be consulted on the agenda. Arrangements will be made for providing information on agenda items to Rutland at an early stage.

Any member of the Joint Committee will be entitled to ask for an issue to be placed on the agenda. Any such request should be in writing and accompanied by the reason for raising the item. If appropriate, the Secretariat may discuss with the member whether other means of addressing the issue have been explored and the outcome of this (e.g. has the member concerned raised the matter with the relevant Trust and what response was received). The Secretariat may report on such other means and outcomes to the Joint Committee.

A joint briefing arrangement to be put in place for the Conservative, Labour and Liberal Democrat (City and County) Spokesmen (i.e. 6 members). Rutland Council will be asked to nominate one of its members to attend briefings. The briefing meetings to be held on the same day as the meeting one hour before the meeting is due to start.

In planning agendas, members will bear in mind the purpose of the Joint Committee, namely, to achieve a co-ordinated response from the three authorities on key issues of common interest within the health agenda and to avoid duplication whilst recognising that authorities may wish to carry out separate scrutiny exercises in the light of the particular circumstances of their areas and priorities of their authority.

These arrangements to be reviewed in the light of experience.

f) Scope of the Joint Committee

- (i) To scrutinise the activities of Health Trusts with responsibility for health service functions across the area of the three authorities (i.e UHL Trust, Leicestershire Partnership Trust, East Midlands Ambulance Service and the Strategic Health Authority).
- (ii) To scrutinise and comment on the exercise by all other NHS bodies of functions on a strategic basis or which affect the areas of the three authorities.
- (iii) To respond to any consultations by the Health bodies referred to in (i) above, including those which involve a substantial development of the NHS or substantial variation in provision of such service.
- (iv) To respond to other consultations issued by all the NHS bodies which affect the areas of the three authorities.

[Note:

1. The three Authorities have in place arrangements for co-ordinating scrutiny of functions of bodies falling within (i) and (ii) and to consultations referred to in (iv). Work falling within these will only be dealt with by the Joint Committee if agreement to that effect is reached by all three authorities;

2. The terms of reference allow for issues referred by the PPIFs and/or members of the public to be considered if it is considered appropriate to do so and if there is no other appropriate means for addressing such issues.]

g) Voting

Some concern was expressed that members of Rutland Council will hold the balance of power on the Committee. Provision therefore needs to be made to enable a minority report to be prepared and submitted to the relevant NHS body (or Secretary of State) along with the majority report.

It is suggested that a minority report be produced when:-

- (i) a majority of members of a particular Authority disagree with the findings; and

- (ii) at least one quarter of the members of the joint committee disagree.

The Chairman of the Committee should be able to exercise his/her second, and casting vote. If this occurs it will be recorded in the minutes of the meeting.

h) Referrals

Referrals to the Joint Committee from individual health scrutiny committees should be carefully monitored and the reasons for the referral should be included in any report.

Referrals from the Patient and Public Involvement Forums (PPIFs) should be looked at critically to avoid overloading the Joint Committee. There is a need to agree a protocol to ensure that referrals are not used as a substitute for other processes. The County Council is in the process of consulting PPIFs on a draft protocol in relation to its Health Scrutiny Committee and this may form the basis of the protocol for the Joint Committee.* It is therefore suggested that all referrals to the Joint Committee should be accompanied by the views of the PPIFs on the matter concerned, the consultation processes undertaken and, importantly, reasons for the referral including what added value the Joint Committee can bring to the issue and what the PPIF expect the Joint Committee to do.

[*The County Council and City Council at the time of writing this report were in the process of consulting PPIFs on a draft protocol in relation to their respective Health Scrutiny Committees. These may form the basis of the protocol for the Joint Committee].

i) Media/Publicity Protocol

Where time permits, any press releases or publicity on behalf of the Committee should be undertaken after consulting all Spokesmen. Where this is not possible the Chairman and Vice Chairman of the Committee be authorised to issue press releases on the basis that these will be copied/e-mailed to all party Spokesmen.

Responsibility for public and media relations on behalf of the Committee lies with the Authority responsible for the Secretariat.

Developing an initial work programme

5. The County and City Councils have each established their own Overview and Scrutiny Committee. The focus of these Committees is on issues relating to their particular geographical area. These Committees have also determined that their primary focus will be on the public health agenda given that there are a number of bodies, nationally and locally who have responsibility for monitoring and inspecting the NHS. The

Committees have also established their own relationships with the relevant Patient and Public Involvement Forums.

6. The scope of the Committee outlined in paragraph 4(f) above implies that in addition to statutory consultations for substantial developments and variations and other matters considered significant, the Committee should focus strategically on functions which would impact on all three authorities. With this in mind, it was agreed to recommend that the following issues should form the basis of an initial work programme:-

a) The Public Health White Paper

The White Paper has now been issued (November 2004). This sets out the Government's vision for improving health and reducing inequalities. This will be a key document for the Committee and is likely to inform its future focus.

b) The University Hospitals of Leicester (UHL) Pathways Project.

(i) Pathways Project

The UHL has embarked on a major private finance initiative (PFI) known as the Pathway Project. This will shape the way in which major elements of health care are delivered in Leicester, Leicestershire and Rutland over the next ten years and beyond.

Building work is due to commence in 2005/06 and the full refurbishment and rebuild programme of the three hospitals is due to be completed by 2010/11.

The Committee may wish to be advised of the proposed plans and then be kept informed of progress, perhaps on annual basis.

(ii) Foundation Status

The UHL has been invited to apply for Wave 2 from NHS Foundation Trust Status. Initial discussions have been held with the UHL officers leading on this, who have indicated that they would find it helpful to make an early presentation to the Joint Committee about the nature of the Foundation bid and a later presentation in more detail.

This two presentation approach would help overcome some of the difficulties that would be faced by the County Council in view of the impending Council elections.

c) Reprovision of Acute Mental Health Services

The Leicestershire Partnership Trust is responsible for the provision of mental health and learning disability services. The Trust has recently received approval from the Department of Health to its Outline Business Case (valued at £64million) for

new acute mental health facilities. These facilities to be developed over the next 5 years to provide more community based services. Formal consultation on the proposals will commence in June/July with a closing date for responses by September.

d) Smoking in Public Places

This issue is linked to the Public Health White Paper and the recent 'big Smoke survey' undertaken by the Strategic Health Authority. The Committee may be asked to consider any proposals that might emerge from the SHA on this matter.

e) Fluoridation of the Water Supply

Clause 58 of the Water Bill requires water companies to comply with requests from SHAs to increase the concentration of fluoride in the water supplies. However, before taking such action SHAs must consult and assess local opinion. National guidance and regulations are still awaited.

Fluoride is currently not added to water supplies in Leicestershire and Rutland. If the SHA decides to consult, the matter would be referred this Committee.

f) Arnold Lodge

The General Manager of Arnold Lodge Medium Secure Unit has advised that they have outline planning permission for a 30 bed extension. (Arnold Lodge is managed by Nottinghamshire Health Care Trust).

Arnold Lodge now intends to submit a detailed planning application and subject to approval would hope to commence work on site in July/August 2005.

The Manager has indicated that he would be willing to attend an appropriate health overview and scrutiny body to outline what is proposed and how the Unit will be managed.

7. If the proposed work programme outlined above is agreed it would suggest the following pattern of meeting, at least for the first year. Any issues that arise during the year will be programmed into the work programme. The meetings of the Committee will be held at venues appropriate to the subject matter(s) being considered.

March 2005

- Agree basis for operation of the Joint Committee (as outlined in the first part of this briefing note).
- UHL – Foundation Trust Status – Initial Presentation.
- Arnold Lodge Secure Unit – Presentation of proposed expansion.

July/August 2005

- Acute Mental Health Inpatient Provision
- UHL – Pathways Projects – Update.
- UHL – Foundation Status – Update.

October/November 2005

- Public Health White Paper – Progress Report on Actions proposed/taken – (Presentation by Director of Public Health).
- Fluoridation of the Water Supply
- Update on Issues previously considered.
- Future Work Programme.

Recommendations

8. Members are asked to approve the proposals outlined for:-
 - (i) establishing and operating the Joint Committee;
 - (ii) developing and considering the work programme.

Officer to contact

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