Title: NHS RECONFIGURATION - (A) PICTURE OF HEALTH FOR SOUTH EAST LONDON; (B) HEALTHCARE FOR LONDON - A FRAMEWORK FOR ACTION

Decision Maker: Adult and Community PDS Committee
Decision Date: 09 Oct 2007

Decision Type: Non-Urgent Non-Executive Non-Key

Budget/Policy Framework: Within policy and budget

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Ward: N/A

1. SUMMARY

1.1 This report updates the Committee on progress with two major service reconfigurations affecting the NHS – (a) A Picture of Health for South East London, covering proposals for services in Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark, and (b) the principles arising from Professor Sir (now Lord) Ara Darzi’s report “Healthcare for London – A Framework for Action”, published in July 2007. The two projects are closely linked, and follow many of the same themes in terms of how health services need to be changed to meet the challenges of the future.

1.2 The joint committee scrutinising the proposals for South East London has recently held its first meeting; the pan-London recommendations arising from Professor Darzi’s report are at an earlier stage, and the PDS Committee is asked to consider whether it should become involved in a second joint health scrutiny committee to scrutinise the Darzi report with other London authorities.

2. RECOMMENDATIONS

2.1 The Committee is requested to note progress with the Joint Health Overview and Scrutiny Committee on A Picture of Health for South East London.

2.2 The Committee is requested to consider whether Bromley should be involved in the proposed joint health scrutiny committee looking at the principles of “Healthcare for London – A Framework for Action”. (If the Committee wishes to participate, it should recommend that full Council approves Bromley’s involvement and appoints a representative.)
3. COMMENTARY

(A) A Picture of Health for South East London

3.1 The aim of the “A Picture of Health for South East London” project is to improve NHS services in South East London, through major changes in how services are provided, bringing care nearer to patient’s homes and concentrating specialist services. The project covers NHS services in the Boroughs of Bexley, Greenwich, Lambeth, Lewisham and Southwark, as well as Bromley. Over the last year the Chairman and Vice-Chairman have attended a series of briefings provided by the NHS for overview and scrutiny chairmen and patients forum representatives, and scrutiny officers have been preparing for the joint health scrutiny committee that needed to be established to formally scrutinise the proposals.

3.2 The joint committee held its first meeting on Monday 17th September 2007 at Bexley Civic Offices, and received an update on the progress of the project. Councillor Peter Hobbins represented Bromley. The summary document received by the joint committee is attached to this report at Appendix 1. The main points arising from the meeting were –

- The Office of Government Commerce (GOC) had reviewed the project in July 2007 and made a number of recommendations to improve and clarify the governance structures, objectives and timescales of the project.

- In particular, the GOC had recommended that the name of the project change to A Picture of Health for Outer South East London, reflecting a new focus on the urgent issues faced in Bexley, Bromley, Greenwich and Lewisham and the much smaller impact the proposals were now likely to have in Lambeth and Southwark. It was also recognised that the project would have an impact outside London, particularly in North West Kent.

- In view of the altered geographical focus of the project, consideration of the Committee’s terms of reference was deferred to allow Lambeth and Southwark to reconsider their level of involvement.

- A further review will be carried out by Dr George Alberti, National Clinical Director for Emergency Access, who has been charged with reviewing whether proposed service models meet the case for change. This review will be taking place during October.

- The timescale for formal public consultation on the proposals was clarified. Consultation is now due to start on 12th December for a period of fourteen weeks, ending on 5th March 2008. (If this start date slips, it is likely that consultation will have to be delayed until after the GLA elections in May 2008.)

- The joint committee’s next meeting will be held in Bromley on Tuesday 30th October at 7pm in the Council Chamber.

3.3 A more up-to-date briefing from the PCTs and hospital trusts involved in the project has recently been circulated to Members – this is attached as Appendix 2. This includes recommendations from hospital clinicians about the numbers of hospitals needed to provide key hospital services to the population of outer South East London. More specific proposals are likely to emerge towards the end of the year, and the Committee will be kept informed of progress.

(B) Healthcare for London - A Framework for Action

3.4 In July 2007 Professor Lord Ara Darzi’s report on “Healthcare for London – A Framework for Action” was published. A summary of the report is attached at Appendix 3. The report looks at service provision under the headings of maternity care and care of the newborn, staying healthy, mental health, acute care, planned care, long term conditions and end of life care, and
proposes changes in approach to meet the needs of Londoners. Six models of provision are proposed as the locations for the majority of health care in the future –

- home
- polyclinic (these would incorporate GPs with a variety of other related services)
- local hospital
- elective centre
- major acute hospital
- specialist hospital

3.5 At this stage there are no detailed proposals, but London PCTs supported by NHS London are eager to carry out public consultation across London on the broad principles proposed by Professor Darzi. This is scheduled to start on 29th October, lasting fourteen weeks, although representations have been made by the London Scrutiny Network, which is supported by London Councils, for the start of the consultation to be deferred. It is envisaged that once actual proposals are formulated there will be further public consultation based around proposals for more local areas – perhaps at the level of two or three adjoining Boroughs.

3.6 The Health and Social Care Act 2001 requires that a joint committee would need to be appointed for the London Boroughs to exercise their formal health scrutiny powers. The purpose of a joint health scrutiny committee would be to (i) scrutinise the models of care proposed by Lord Darzi and decide whether they are in the interests of the health service in London; (ii) decide whether the consultation process is adequate; and (iii) examine the response of the NHS to the consultation.

3.7 The London Borough of Hillingdon has taken a lead, through the London Scrutiny Network, in making preparations for a joint health scrutiny committee to be established, and several other Boroughs have indicated that they will be involved. However, it appears that many Boroughs have reservations about the need to be involved in scrutiny at this stage. This is because of the practical difficulties of administering a joint committee where all/most of the London Boroughs would need to be represented, plus possibly representatives from the counties surrounding the capital, who would also be affected by the proposals. It is also suggested that, as there are no specific proposals as yet, only general principles, there is probably little that a process of scrutiny can contribute at this stage, and the proposals do not actually constitute a substantial variation or development of services for individual boroughs. Members may feel that it is not necessary to exercise formal health scrutiny powers until there are more specific proposals affecting Bromley, and in any event such developments affecting South East London would probably be implemented through the “A Picture of Health” project.

3.8 The PDS Committee is therefore requested to consider whether it wishes to become involved in a London-wide joint health scrutiny committee. If it does, it will need to recommend that full Council authorises this and appoints a Member. If Members feel that it is not necessary to be involved at this stage, the activities of the joint committee can nevertheless be monitored and Bromley’s position can be reconsidered if necessary. Meetings of the joint committee will be held in public, and its agenda papers will also be available.

4. FINANCIAL IMPLICATIONS

4.1 Any costs arising from a joint committee would be shared equally between the participating authorities and would have to be found from within existing budgets. At present, the South East London joint committee is operating on the basis that the authorities involved will share responsibility for providing venues and officer support for the meetings. Any pan-London joint committee would probably need to be supported by one lead authority, which would divide its costs between all the participating Councils.
5. LEGAL IMPLICATIONS

5.1 Section 7 of the Health and Social Care Act 2001 imposes a duty on health trusts to consult health overview and scrutiny committees affected by a substantial variation or development of services. The Act and the accompanying guidance (issued July 2003) do not provide any definition of what constitutes substantial variation or development, and it is therefore up to each committee to decide whether the proposals are of sufficient local impact to require scrutiny. Where the proposals affect more than one local authority any overview and scrutiny committees wishing to be consulted have to form a joint committee. Formal scrutiny powers are only exercisable through the joint committee, although informally there might be other avenues for comment, and the Council’s Executive side would be consulted separately. Under Sections 101 and 102 the Local Government Act 1972, it falls to Council to authorise the establishment of a joint committee.

5.2 The duty placed on the NHS to consult with overview and scrutiny committees is in addition to the general duty to consult and involve patients and the public imposed on health trusts under section 11 of the same Act.

6. PERSONNEL IMPLICATIONS

6.1 There are no personnel implications for the Council.

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