

HEALTH SCRUTINY PANEL

Wednesday, 15 July 2015 at 5.30 p.m.

MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent,
London, E14 2BG

This meeting is open to the public to attend.

Members:

Chair: Councillor Amina Ali

Vice-Chair:

Councillor Sabina Akhtar, Councillor Abdul Asad, Councillor Craig Aston, Councillor Dave Chesterton, Councillor Md. Maium Miah and Councillor John Pierce

Deputies:

Councillor Shahed Ali, Councillor Danny Hassell, Councillor Denise Jones, Councillor Aminur Khan and Councillor Helal Uddin

Co-opted Members:

David Burbidge

(Healthwatch Tower Hamlets Representative)

Tim Oliver

(Healthwatch Tower Hamlets)

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Elizabeth Dowuona, Democratic Services

1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG

Tel: 020 7364 4207

E-mail: Elizabeth.Dowuona@towerhamlets.gov.uk

Web: <http://www.towerhamlets.gov.uk/committee>

Scan this code for
an electronic
agenda



Public Information

Attendance at meetings.

The public are welcome to attend meetings of the Committee. However seating is limited and offered on a first come first served basis.

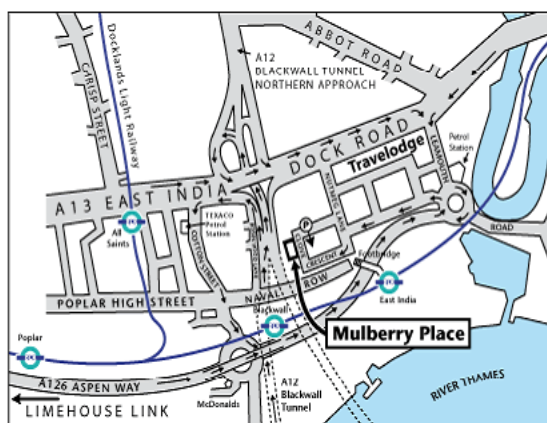
Audio/Visual recording of meetings.

Should you wish to film the meeting, please contact the Committee Officer shown on the agenda front page.

Mobile telephones

Please switch your mobile telephone on to silent mode whilst in the meeting.

Access information for the Town Hall, Mulberry Place.



Bus: Routes: 15, 277, 108, D6, D7, D8 all stop near the Town Hall.

Docklands Light Railway: Nearest stations are East India: Head across the bridge and then through the complex to the Town Hall, Mulberry Place

Blackwall station: Across the bus station then turn right to the back of the Town Hall complex, through the gates and archway to the Town Hall.

Tube: The closest tube stations are Canning Town and Canary Wharf

Car Parking: There is limited visitor pay and

display parking at the Town Hall (free from 6pm)

If you are viewing this on line: (http://www.towerhamlets.gov.uk/content_pages/contact_us.aspx)

Meeting access/special requirements.

The Town Hall is accessible to people with special needs. There are accessible toilets, lifts to venues. Disabled parking bays and an induction loop system for people with hearing difficulties are available. Documents can be made available in large print, Braille or audio version. For further information, contact the Officers shown on the front of the agenda



Fire alarm

If the fire alarm sounds please leave the building immediately by the nearest available fire exit without deviating to collect belongings. Fire wardens will direct you to the exits and to the fire assembly point. If you are unable to use the stairs, a member of staff will direct you to a safe area. The meeting will reconvene if it is safe to do so, otherwise it will stand adjourned.

Electronic agendas reports and minutes.

Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click www.towerhamlets.gov.uk/committee and search for the relevant committee and meeting date.

Agendas are available at the Town Hall, Libraries, Idea Centres and One Stop Shops and on the Mod.Gov, iPad and Android apps.



QR code for smart phone users.

APOLOGIES FOR ABSENCE

1. APPOINTMENT OF VICE-CHAIR

To elect a Vice-Chair of Tower Hamlets Health Scrutiny Panel for the duration of the 2015/2016 municipal year.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

1 - 4

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.

3. MINUTES OF THE PREVIOUS MEETING(S)

5 - 12

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 8 April 2015.

4. REPORTS FOR CONSIDERATION

4 .1 Terms of Reference, Quorum, Membership and Dates of Future Meetings of the Health Scrutiny Panel

13 - 22

To note the Terms of Reference, Quorum, Membership and Dates of Meetings of the Tower Hamlets Health Scrutiny Panel.

4 .2 Public Health - Service Priorities for 2015/2016

Presentation by Dr Somen Banerjee, Director of Public Health
Presentation to be tabled at the meeting.

4 .3 Clinical Commissioning Group - Service Priorities for 2015/2016

Presentation by Jane Milligan, CCG Chief Officer
Presentation to be tabled at the meeting.

4 .4 Healthwatch - Service Priorities for 2015/2016

Presentation by Dianne Barham, Director of Healthwatch.
Presentation to be tabled at the meeting

4.5 East London Foundation Trust - Service Priorities for 2015/2016

Presentation by Dr Somen Banerjee, Director of Public Health
Presentation to be tabled at the meeting

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

6. EXCLUSION OF PRESS AND PUBLIC

In view of the contents of the remaining items on the agenda the Committee is recommended to adopt the following motion:

“That, under the provisions of Section 100A of the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contains information defined as Exempt in Part 1 of Schedule 12A to the Local Government Act, 1972.”

EXEMPT SECTION (Pink Papers)

The exempt committee papers in the agenda will contain information, which is commercially, legally or personally sensitive and should not be divulged to third parties. If you do not wish to retain these papers after the meeting, please hand them to the Committee Officer present.

7. WORK PROGRAMME PLANNING FOR 2015/2016

The Panel will have a work planning session.

Next Meeting of the Panel

The next meeting of the Health Scrutiny Panel will be held on Wednesday, 9 September 2015 at 7.00 p.m. in MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Agenda Item 2

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

- Meic Sullivan-Gould, Interim Monitoring Officer, 020 7364 4800
- John Williams, Service Head, Democratic Services, 020 7364 4204

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

This page is intentionally left blank

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 7.10 P.M. ON WEDNESDAY, 8 APRIL 2015

MP701 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Asma Begum (Chair)
Councillor David Edgar (Vice-Chair)
Councillor Danny Hassell
Councillor Suluk Ahmed
Councillor Mahbub Alam

Co-opted Members Present:

David Burbidge – (Healthwatch Tower Hamlets Representative)

Others Present:

Julie Dublin, – Transformation Manager Tower Hamlets CCG;
George Lenon – Transformation Programme Officer Tower Hamlets CCG;

Officers Present:

Esther Trenchard-Mabere – (Associate Director of Public Health, Commissioning & Strategy)
Brian Turnbull – Service Manger, Adult Social Care
Antonella Burgio – (Democratic Services)

Apologies:

Councillor Denise Jones
Dr Sharmin Shajahan (PhD)

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations of pecuniary disclosable interests were made.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the meetings held on 18 November 2014 and 2 March 2015 were presented.

RESOLVED:

That the minutes of the meetings held on 18 November 2014 and 2 March 2015 be approved as a correct record of proceedings.

3. REPORTS FOR CONSIDERATION

3.1 CCG - Self Management of Long Term Conditions

The Transformation Manager Tower Hamlets CCG; and Transformation Programme Officer Tower Hamlets CCG made their presentation to the Panel informing members of the following:

- Self-management was a priority programme during 2014- 15 and a number of pilots were presently in train.
- Nationally there were some 50 million individuals with long-term conditions. In Tower Hamlets 34% of the population had long-term conditions and these are accessed through primary care. There were Packages for common conditions such as diabetes COPD and cardiac care. The basis of self-management is to support people to manage their own long-term conditions through provision of tours education and guidance on behaviours. Using not only primary care at the public and voluntary sectors.
- Clinical outcomes patient experience and the management initiatives were used to deliver the care to those with long-term conditions. For self-management pilots were being delivered in the bar at present these were:
- Your move provided by a green candle, a 12 week programme of exercise and dance in Graaf esteem provided by community option involving a range of services to help people to consider the impacts of their went mental well-being and behaviours on their physical well-being. The services delivered through a combination activities and one-to-one support
- Managing your health and well-being, delivered by ability pro, a program to support 75 people to complete a tailored exercise program

- Self-management and education for people with CVT hypertension and diabetes provided by social action for health and WHFS. This involves redesigning some services for those with diabetes and expanding the service to those with CVT and hypertension

Tower Hamlets was a pilot site for NHS England and Leicester University delivering the above projects which would be evaluated by talking health. Outcomes of the evaluation are expected in November 2015.

The therapies provided were interventions drawn from the voluntary sector and the mental health services and the CCG strives to use the resources efficiently.

The interventions comprise the following elements:
Integrated care, alternative working to engage people to take responsibility for their own care and use of the voluntary sector.

To this end Tower Hamlets CCG was to become an integrated personal services commissioning pilot focused on patient and personal centred care; a theme which is included in the Care Act. The pilot will include a personal-care project aimed at some adults and children with long-term conditions and the pilot is supported by Bromley by Bow Centre and Real.

Self-care and self-management are situated in the individualised user portfolio which includes social care partners. If the pilots are successful, options for expanding the provision will be investigated.

In response to Members' questions the following information was provided:

Concerning whether the pilot was part of a local scheme or part of a regional/national set initiatives, the Panel was informed that the King's Fund was involved in the development of the scheme of self-care and the tools were developed in the USA which were designed to help identify where resources were needed.

Concerning whether NICE was involved and whether there was overlap with its work and that of CCG, the Panel was informed that NICE employed its own researchers. Links between the two schemes would be investigated and a full written answer would be circulated to Members following the meeting.

Concerning who was responsible for the development of healthcare plans and budgets, the Panel was informed that, at this stage in the programme, CCG Transformation Manager for long-term conditions was currently the responsible officer in this regard.

Concerning how eligibility issues for the services would be addressed; the Panel was informed that there were care plans for the following long-term conditions: diabetes COPD and cardiac care management and these were driven by the primary care sector. The tailored care plans would be developed jointly by the patient and the primary care provider but will be

shared across the providers. Mr Burbage Co-optee representing Healthwatch Tower Hamlet disputed that all those in the borough with long-term conditions to manage would have adequate accessibility to these services. He advised that HealthWatch had carried out much engagement on the new care plans and observed that no information presented at the meeting convincingly indicated how those accessing self-management services could accomplish the self-management of their conditions. The Panel was informed that the care plan would be explained by the manager and the relevant conditions described by GPs. Arising from this the CCG will develop a suitable offer for the population.

RESOLVED

That the update be noted

3.2 Update on Actions Arising from HSP Scrutiny Review of Accident and Emergency Services in Tower Hamlets

The Associate Director of Public Health Tower Hamlets and Service Manager First Response provided an update on progress against three of the action points identified in the scrutiny review of A & E Services that was carried out in 2013. It was noted that an update on the recommendations concerning Royal London Hospital had been provided at the Panel's meeting on 2 March 2015 and feedback on the following three recommendations concerning public health were presented at this meeting for Members' to consider.

Greater Promotion/Uptake of Flu Vaccination:

The Panel was informed that Public Health had worked with the local authority to improve uptake and, in 2014 – 15, uptake had increased by 40% compared the previous year. The vaccination programme would continue to be promoted and frontline staff targeted as a priority group. Although Public Health was pleased with the uptake observed thus far it aimed to further improve uptake in the next campaign and would also focus on improving flu vaccination by home care staff.

Appropriate Use of A&E Campaign:

Concerning the recommendation that the Council should raise awareness of when A & E services should be accessed, the Panel heard that an 'Appropriate A&E Usage' campaign was being publicised through Ideas Stores, through awareness programmes and outreach programmes. 12 staff would be employed to accomplish the outreach which would be targeted at suitable delivery mechanisms. Suitable candidates for this role would be sought initially from amongst Council re-deployees and then from amongst students. First round of interviews would be held in the forthcoming week.

Smoking Cessation and Healthy Eating:

Concerning these schemes, the Panel was informed that most of the health trainer services for these programs had been reprinted. These scheme would also work on targeting the long-term conditions, targeting people with long-term conditions. There were three programs plans to achieve these of which

the first two the first and second programs are agreed and a new programme has been developed and is awaiting sign off.

In response to members questions the following information was provided

Concerning the impact on monitoring, sickness data the Panel was informed that this information would be provided, circulated after the meeting

Concerning the campaign to promote proper A&E usage, it was noted that important factors of the scheme were GP recognition and patient waiting times when accessing primary care.

Concerning the criteria for recruitment of redeployees into the campaign for appropriate usage of A&E services, the Panel was informed that screening tools and interviews would be utilised to determine competence and compliance with the person and job specifications. The Panel requested that it should be stipulated that uptake of the flu vaccine was a requirement of employment.

Concerning promotion of employment through the voluntary sector the Panel was informed that this element was presently targeted at directly employed staff. However further recruitment would be undertaken in future directed to the voluntary sector.

Concerning access to medication issues arising with pharmacy dispensing where patients have registered to receive their prescriptions with a particular pharmacy, the Panel was informed that the situation has arisen because of the way the pharmacists pay for their dispensing medication medications. It would be necessary to investigate tracking the claims so that there was no fraudulent use of medications.

Concerning the selection of Idea Stores to deliver the A&E usage awareness campaign, the Panel was informed that these venues had been considered to be suitable because there was a high foot-fall and many already had their own health education programmes. These programmes would link into other advice services already offered. Additionally Idea Stores were already a frontline service.

Concerning a recommendation that the Council accelerates its work with Barts Health NHS Trust to bring forward plans for integrated care that reduce pressure on A&E and other hospital services, the Service Manager informed the Panel that in September 2013 Education, Social care and Well-being Directorate was invited to bid for winter pressures funding and a scheme had been devised, which was not based on a 9-to-5 Monday to Friday Friday provision, but where social workers were encouraged to provide extended services on a voluntary basis (with overtime) with a view to provide a dedicated A&E service to alleviate 'parking' or delayed discharges to assessment wards over late hours and/or weekends. The scheme had cost £85,000 over six months and, in its first year, had prevented 703 unnecessary admissions. The initial scheme ceased in March 2014 and at that time the CCG provided funding for a year in order for the service to be continued. In

the current year, the funding had been secured to roll the scheme forward for another year and during the extended period an extra 280 admission preventions had been achieved. It was also intended that the scheme will be extended to cover bank holidays. Social workers would assist with discharge assessments and this had now also been incorporated as part of the Better Care funding. A further scheme costing £75,000 is being developed involving research workers which would be employed to deal with complex discharges.

Concerning the sums saved due to faster discharges, the Panel was informed that statistics were generated quarterly and would available later. However it was estimated that savings were around £500 per patient. Members were informed that where the elderly could be prevented from being admitted to hospital, there was additional benefit in that other complications of hospitalisation such as loss of confidence or other infections could be avoided. Additionally step-down beds were not a popular choice with families.

RESOLVED

That the update to be noted

3.3 Barts Health

The Strategy Performance and Policy Officer presented the report which informed the Panel of recent developments at the Barts Health Care Trust. Following the CQC inspection of Whips Cross hospital, the Trust had been placed in special measures.

Two more inspections were awaited at Royal London Hospital and Newham University Hospital respectively due to these matters a representative from Barts was not presently available to attend the meeting. The matter had been referred and would be considered by the Inner North-East London Joint Health Overview and Scrutiny committee at a meeting on 27 May 2015. It was proposed that once the joint health overview and scrutiny committee had considered this matter, the individual health scrutiny bodies of the local authorities would then consider the matter individually.

RESOLVED

That the update be noted

4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

The Senior Strategy Policy And Performance Officer informed the Panel that a scrutiny challenge meeting on the subject of carers would be held on 13 May at the Carers Centre at 5:30 pm. Members were invited to attend to assist with this work.


RESOLVED

That the notification be noted

The meeting ended at 8.40 p.m.

Chair, Councillor Asma Begum
Health Scrutiny Panel

This page is intentionally left blank

<p>Non-Executive Report of the:</p> <p>Health Scrutiny Panel</p> <p>15 JULY 2015</p>	 <p>TOWER HAMLETS</p>
<p>Report of: John S. Williams, Service Head, Democratic Services</p>	<p>Classification: Unrestricted</p>
<p align="center">HEALTH SCRUTINY PANEL TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS</p>	

<p>Originating Officer(s)</p>	<p>Elizabeth Dowuona, Democratic Services</p>
<p>Wards affected</p>	<p>All wards</p>

1. Summary

- 1.1 This report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health Scrutiny Panel for the Municipal Year 2014/15 for the information of members of the Committee.

2. Recommendation

- 2.1 That the Health Scrutiny Panel agrees to note its Terms of Reference, Quorum, Membership and Dates of future meetings as set out in Appendices 1, 2 and 3 to this report.

3. REASONS FOR THE DECISIONS

- 3.1 This report is for the information of the Committee and no specific decisions are required.

4. ALTERNATIVE OPTIONS

- 4.1 Not applicable to reports for noting.

5. Details of the Report

- 5.1 At the reconvened Annual General Meeting of the full Council held on 24 June 2015, the Authority approved the review of proportionality, establishment of the Committees and Panels of the Council and appointment of Members thereto.
- 5.2 At the first meeting of the Overview and Scrutiny Committee held on 7 July 2015, the Committee noted the proportionality and establishment of the Health Scrutiny Panel and approved the appointment of co-opted members thereto.
- 5.3 It is traditional that following the Annual General Meeting of the Council at the start of the Municipal Year, at which various committees are established, that those committees note their Terms of Reference, Quorum and Membership for the forthcoming Municipal Year. These are set out in Appendix 1 and 2 to the report respectively.
- 5.4 The Committee's meetings for the remainder of the year, as agreed at the Annual General Meeting of the Council on 24 June 2015, are as set out in Appendix 3 to this report.
- 5.5 In accordance with the program of meetings for principal meetings, meetings are scheduled to take place at 6.30pm, except where the meeting falls within the month of Ramadan which will be at 5.30 pm.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

Matters brought before the Committee under its terms of reference during the year will include comments on the financial implications of decisions provided by the Chief Finance Officer. There are no specific comments arising from the recommendations in this report.

7. LEGAL COMMENTS

- 7.1 The terms of reference provided for the Committee to note are in line with Section 3.3.6 in Part 3 of the Council's Constitution.

8. ONE TOWER HAMLETS CONSIDERATIONS

- 8.1 When drawing up the schedule of dates, consideration was given to Avoiding schools holiday dates and known dates of religious holidays and other important dates where at all possible.

9. BEST VALUE (BV) IMPLICATIONS

There are no specific Best Value implications arising from this noting report.

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 10.1 There are no specific sustainability implications arising from this noting Report.

11. RISK MANAGEMENT IMPLICATIONS

- 11.1 There are no specific risk management implications arising from this noting report.

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 12.1 There are no specific crime and disorder implications arising from this report.

Linked Reports, Appendices and Background Documents

Linked Report

- None

13. APPENDICES

Appendix 1 – General Purposes Committee Terms of Reference
Appendix 2 – Appointments to Committee
Appendix 3 – Dates of Meeting

Officer contact details for documents:

If not supplied
Name and telephone number of holder
Elizabeth Dowuona
Democratic Services
020 7364 4207

This page is intentionally left blank

APPENDIX 1

HEALTH SCRUTINY PANEL

1. Establishment

- 1.1 The Council's Constitution states that the Annual Council Meeting will establish "such other committees/panels as it considers appropriate to deal with matters which are neither Executive Functions nor reserved to the Council".
- 1.2 The Constitution refers to the establishment of "a standing Sub-Committee to discharge the Council's functions under the Health and Social Care Act 2001 to be known as the Health Scrutiny Panel". The reference to the Health and Social Care Act 2001 is out of date and this should be taken as a reference to the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 1.3 At the Annual General Meeting of the Council, held on 24 June 2015 the Health Scrutiny Panel was established for the Municipal Year 2015/16 with a membership of 7.
- 1.4 The actual membership of the Health Scrutiny Panel remains a matter for the determination of the Overview and Scrutiny Committee and the Panel membership, as appointed at the meeting of that Committee held on 8 July 2014, is detailed in Appendix 2 of this report. **The Lead Scrutiny Member for Adults, Health and Wellbeing shall be appointed as a Member and Chair of the Health Scrutiny Panel.**

2. Terms of Reference and Quorum

- 2.1 The Health Scrutiny Panel will undertake the Council's functions under the National Health Service Act 2006 and associated Regulations and consider matters relating to the local health service as provided by the NHS and other bodies including the Council:
 - (a) To review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made thereunder;
 - (b) To respond to consultation exercises undertaken by an NHS body; and
 - (c) To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.
- 2.2 The quorum will be 3 voting members.

2.3 The Health Scrutiny Panel will meet at least four times a year.

3. Reports

3.1 The Overview and Scrutiny Committee will report to full Council, Cabinet or the appropriate Cabinet member and make recommendations, as appropriate. All reports and/or recommendations of Scrutiny Panels shall first be considered by the Overview and Scrutiny Committee before being reported to full Council, Cabinet or the appropriate Cabinet member, as appropriate.

4. Proceedings of Scrutiny Panels

4.1 The Overview and Scrutiny Committee and its Scrutiny Panels will generally meet in public and conduct their proceedings in accordance with the Procedure Rules in Part 4 of the Constitution.

APPENDIX 2

**HEALTH SCRUTINY PANEL
(Nominations for information - Panel to be appointed by Overview & Scrutiny Committee)
(Seven members of the Council)**

<i>Labour Group (4)</i>	<i>Independent Group (2)</i>	<i>Conservative Group (1)</i>	(for information – Appointed by Overview & Scrutiny Committee)
<p>Councillor Amina Ali Councillor Sabina Akhtar Councillor Dave Chesterton Councillor John Pierce</p> <p>Deputies:-</p> <p>Councillor Danny Hassell Councillor Helal Uddin Councillor Denise Jones</p>	<p>Councillor Abdul Asad Councillor Maium Miah</p> <p>Deputies:-</p> <p>Councillor Shahed Ali Councillor Aminur Khan</p>	<p>Councillor Craig Aston</p> <p>Deputies:-</p> <p>To be confirmed.</p>	<p>Co-opted Members</p> <p>David Burbidge Sharmin Shajahan</p>

This page is intentionally left blank

APPENDIX 3

SCHEDULE OF DATES 2015/16

HEALTH SCRUTINY PANEL

Wednesday 15 July 2015 (5.30pm)
9 September 2015 at 6.30pm
9 December 2015
17 February 2016
20 April 2016

Notes

1. The Panel, by custom has met at 6.30pm in accordance with the Calendar of Meetings agreed by the full Council AGM, with the exception of the meeting on 15 July which is scheduled to commence at 5.30pm, as it falls within the holy month of Ramadan (26 June – 26 July).
2. It may be necessary to convene additional meetings of the Panel should urgent business arise. Officers will keep the position under review and consult with the Chair and other Members as appropriate.

This page is intentionally left blank