Health & Adults Scrutiny Sub-Committee

Agenda

Wednesday, 6 July 2022 6.30 p.m.
Council Chamber - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Members:

Chair: Councillor Ahmodur Khan

Vice Chair: See Item 4

Councillor Maisha Begum, Councillor Kamrul Hussain, Councillor Mohammad Chowdhury, Councillor Asma Islam, Councillor Ahmodul Kabir and Councillor Abdul Malik

Co-opted Members:

David Burbidge ((Healthwatch Tower Hamlets Representative)) and
To be appointed following nomination/recruitment exercise (Health & Adults Scrutiny Sub-Committee Co-optee.

Deputies: Councillor Faroque Ahmed, Councillor Amina Ali, Councillor Abdul Mannan, Councillor Ana Miah, Councillor Bellal Uddin and Councillor Abdal Ullah

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

David Knight, Democratic Services Officer (Committee),

david.knight@towerhamlets.gov.uk

020 7364 4878

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

http://www.towerhamlets.gov.uk/committee

Public Information

Viewing or Participating in Committee Meetings

The meeting will be broadcast live on the Council's website. A link to the website is detailed below. The press and public are encouraged to watch this meeting on line.

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

Meeting Webcast

The meeting is being webcast for viewing through the Council's webcast system.
http://towerhamlets.public-i.tv/core/portal/home

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 on the Modern.Gov, Windows, iPad and Android apps Scan the QR code to view the electronic agenda

Tower Hamlets Council
Town Hall
Mulberry Place
5 Clove Crescent
E14 2BG

London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Wednesday, 6 July 2022

6.30 p.m.

APOLOGIES FOR ABSENCE AND WELCOME

1. DECLARATIONS OF INTERESTS (PAGES 5 - 6)

Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

2. TERMS OF REFERENCE (PAGES 7 - 16)

This report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health & Adults Scrutiny Sub-Committee for the Municipal Year 2022/23 for the information of the Health & Adults Scrutiny Sub-Committee'. The Overview and Scrutiny Committee met on the 7th June 2022 and agreed to set up three sub-committees, including the Health & Adults Scrutiny Sub-Committee. The Overview and Scrutiny Committee also agreed the terms of reference, chairs, and membership for all three scrutiny sub-committees.

3. MINUTES OF 8th March 2022 (PAGES 17 - 24)

To confirm as a correct record the minutes of the meeting of the Health and Adults Scrutiny Sub-Committee held on 8th March 2022.

Tower Hamlets Council
Town Hall
Mulberry Place
5 Clove Crescent
E14 2BG

4. ELECTION OF VICE-CHAIR

The Committee are asked to elect a Vice-Chair for the 2022-2023 Municipal Year.

5. MEMBERS FOR INEL JHOSC (PAGES 25 - 44)

This report sets out the purpose of the Inner Northeast London Joint Health Overview and Scrutiny Committee (INEL JHOSC) and also seeks to confirm two Member reps from the Health and Adults Scrutiny Sub-Committee (HASC) to join the HASC Chair with INEL JHOSC activities.

6. INTRODUCTIONS FROM KEY STAKEHOLDERS

6 .1 Overview of Health and Adults

6 .2 Overview of Public Health

6 .3 Tower Hamlets Together Board

6 .4 Primary Care

6 .5 Acute Care

6 .6 Mental Health

7. WORK PROGRAMMING 2022/23 PLANNING

8. ANY OTHER BUSINESS

Next Meeting of the Health & Adults Scrutiny Sub-Committee
Tuesday, 18 October 2022 at 6.30 p.m. to be held in Council Chamber - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii)Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting

In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Janet Fasan, Divisional Director Legal, Governance and Monitoring Officer, Tel: 020 7364 4348.

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	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. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	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— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
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	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (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.

Non-Executive Report of the: **Health & Adults Scrutiny Sub-Committee'** 6th July 2022	
Report of: Janet Fasan – Director of Legal (Monitoring Officer).	**Classification:** Unrestricted
Health & Adults Scrutiny Sub-Committee', Terms of Reference, Quorum, Membership and Dates of Meetings 2022/23.	

Originating Officer(s)	David Knight – Committee Services Officer
Wards affected	All

Executive Summary

This report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health & Adults Scrutiny Sub-Committee for the Municipal Year 2022/23 for the information of the Health & Adults Scrutiny Sub-Committee'. The Overview and Scrutiny Committee met on the 7th June 2022 and agreed to set up three sub-committees, including the Health & Adults Scrutiny Sub-Committee. The Overview and Scrutiny Committee also agreed the terms of reference, chairs, and membership for all three scrutiny sub-committees.

Recommendations:

The Health & Adults Scrutiny Sub-Committee' is recommended to:

1. Note the Terms of Reference, Quorum, Membership and Dates of future meetings as set out in **Appendices A, B and C** of this report.

1. REASONS FOR THE DECISIONS

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

2. ALTERNATIVE OPTIONS

2.1 Not applicable to this report.

3. DETAILS OF THE REPORT

3.1 At the Annual General Meeting of the full Council held on 25th May 2022, the Authority approved the review of proportionality, establishment of the Committees and Panels of the Council and appointment of Members.

3.2 Traditionally 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, Dates of meetings, Quorum and Membership for the forthcoming Municipal Year. These are set out in **Appendix A and B** of the report.

3.3 Meetings are scheduled to take place at 6.30pm **See Appendix C**.

4. EQUALITIES IMPLICATIONS

4.1 There are no specific equalities implications arising from this report.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 No other statutory implications have been identified.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no direct financial implications arising from this report.

7. COMMENTS OF LEGAL SERVICES

7.1 The terms of reference cover the point of the functions of the committee and who will be appointed to consider matters relating to health within the council area.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- **Appendix A** – Membership for the Sub-Committee.
- **Appendix B** – Terms of Reference of Scrutiny Sub Committee.

- **Appendix C** – Dates of Sub-Committee Meetings 2022-23

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- None.

Officer contact details for documents:

- N/A

This page is intentionally left blank

APPENDIX A

SCRUTINY SUB COMMITTEE 2022-2023

Health and Adults Scrutiny Sub-Committee

(Seven non-executive members of the Council plus two co-opted members)
Can be drawn from all non-executive members. Lead Scrutiny Member for Health and Adults will chair)

Aspire Group (4)	***Labour Group (3)***	***Ungrouped (0)***	***Co-Opted Members (for information – to be appointed by Overview and Scrutiny Committee)***
Cllr Ahmodur Rahman Khan (Chair) Cllr Kamrul Hussain Cllr Ahmodul Kabir Cllr Abdul Malik Substitutes (up to 3 members):- Cllr Belal Uddin Cllr Ana Miah Cllr Abdul Mannan	Cllr Maisha Begum Cllr Mohammed Chowdhury Cllr Asma Islam Substitutes (up to 3 members):- Cllr Amina Ali Cllr Faroque Ahmed Cllr Abdal Ullah	*N/A*	David Burbidge Other to be appointed following nomination/recruitment exercise.

This page is intentionally left blank

Appendix B

Terms of Reference of Scrutiny Sub Committee

Health and Adults Scrutiny Sub-Committee

Summary Description: The Health and Adults Scrutiny Sub-Committee has been established to undertake the Council's responsibilities in respect of Scrutinising local health services and adult social care, covering services provided by the Council as well as those provided by the Council's partners.

Membership: 6 non-executive councillors – the chair and five councillors.

Two non-voting Co-Optees may also be appointed.

Functions	**Delegation of Functions**
1. Reviewing and/or scrutinising decisions made or actions taken in connection with the discharge of the Council's health and adult social care functions	None
2. Advising the Mayor or Cabinet of key issues/questions arising in relation to health and adult social care reports due to be considered by the Mayor or Cabinet	None
3. Making reports and/or recommendations to the Council and/or Mayor or Cabinet in connection with the discharge of health and adult social care functions	None
4. Delivering (3) by organising an annual work programme, drawing on the knowledge and priorities of the Council, registered providers and other stakeholders, that will identify relevant topics or issues that can be properly scrutinised	None
5. Holding service providers to account, where recent performance fails to meet the recognised standard, by looking at relevant evidence and make recommendations for service improvements	None
6. Considering health and adult social care matters affecting the area or its inhabitants, including where these matters have been brought to the attention of the sub-committee by tenant and resident associations, or members of the general public	None
7. The sub-committee will report annually to the Overview and Scrutiny Committee on its work	None
8. To discharge the Council's Scrutiny functions under the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Including 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; • Respond to consultation exercises undertaken by an NHS	None

body; and • Question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of services.	

Quorum: Three voting Members

Additional Information: Is contained in:

- Constitution Part A Section 9 (Overview and Scrutiny)
- Constitution Part B Section 30 (Overview and Scrutiny Procedure Rules)
- Constitution Part D Section 53 (Health and Adults Sub-Committee Procedure Rules)

DATES OF SCRUTINY SUB-COMMITTEE MEETINGS 2022/23 MUNICIPAL YEAR

	MEETING DAY/TIME/	MAY 22	JUN 22	JUL 22	AUG 22	SEP 22	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23	APR 23	MAY 23	JUN 23	No. of Mtgs
OVERVIEW & SCRUTINY																
Children and Education Scrutiny Sub Committee (5 a year)	6.30pm			12			13		8		9			4		5
Health and Adults Scrutiny Sub Committee (5 a year)	6.30pm			6			18		6		14		12*			5
Housing and Regeneration Scrutiny Sub Committee (every 2 months)	6.30pm			14			20		15		16		27			5

This page is intentionally left blank

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.31 P.M. ON TUESDAY, 8 MARCH 2022

COMMITTEE ROOM ONE - TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present in Person:

Councillor Gabriela Salva Macallan
Councillor Faroque Ahmed
Councillor Puru Miah

Members In Attendance Virtually:

Councillor Denise Jones

Other Councillors In Attendance Virtually:

Councillor Leema Qureshi	(Scrutiny Lead, Resources)

Co-optees Present in Person:

David Burbidge	Healthwatch Tower Hamlets Representative
Sue Kenten	Health & Adults Scrutiny Sub-Committee Co-optee

Officers Present in Person:

Jamal Uddin	Strategy Policy & Performance Officer
Matthew Mannion	(Head of Democratic Services, Governance)

Officers In Attendance Virtually:

Dr Somen Banerjee	(Director of Public Health)
Warwick Tomsett	Joint Director, Integrated Commissioning
Denise Radley	(Corporate Director, Health, Adults & Community)
Shopna Ahmed	Service Head PA, Commissioning & Health
Kate CORLETT	EAST LONDON NHS FOUNDATION TRUST
Jason CRABTREE	EAST LONDON NHS FOUNDATION TRUST
Carrie Kilpatrick	Deputy Director for Mental Health and Joint Commissioning
Kathriona Davison,	Director of Operations and Transformation Barts Health NHS Trust
Stephen EDMONDSON	(BARTS HEALTH NHS TRUST)
Alex Hadayah	(Head of Integrated Occupational Therapy Services)
Sima Khiroya	(Head of Strategic Finance, Health, Adults and Community)
Michael McHugh	(Associate Director of Public Health)
Filuck Miah	(Strategy and Policy Officer, Strategy, Improvement

	and Transformation Service)
Katie O'Driscoll	(Director of Adult Social Care)
Khadra Said	LBTH Youth Service
Jackie Sullivan	Chief Executive Officer Royal London & Mile End Hospitals
Kay Saini	Head of Long Term Conditions (TNW CCG)
Li Xiaoyun	Public Health Programme Manage

1. DECLARATIONS OF INTERESTS

Nil items.

2. PUBLIC QUESTIONS

Nil items.

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the unrestricted minutes of the meeting of the Sub-Committee held on 30th November 2021 be approved as a correct record of the proceedings subject to formal ratification at the next meeting.

4. CHAIRS UPDATE

The Chair:

- **Informed** the Sub-Committee that due to unforeseen circumstances and consequent exceptionally busy demands on members, the meeting was being held online which meant that according to the current formal terms of reference the meeting is not formally quorate and as a result the status of this meeting will be recorded as advisory. Nevertheless, it was noted that since the Sub-Committee has no executive decisions to take it would not affect the determination of any of the business to be transacted at this meeting.

5. ACTION LOG

The Sub-Committee received and noted the Action Log as noted that:

- The mental health recommendations are outstanding and the Chair intends to liaise with service to agree actions and the Sub-Committee will be updated in due course.
- The visit to Cazabourn ward in East Ham had been delayed due to the Covid -19 restrictions on visitors to the inpatient units the East Ham Care Centre is currently closed for visits. The centre will re-open for visits from mid-March onwards and the Sub-Committee will be advised of dates from week commencing 21st March 2022.

- The briefing on provisions that have been put in place to support people who used to use Meals on Wheels had been prepared for circulation.
- Due to growing concerns over new covid variant Omnicron, it is advised that covid updates are circulated to regularly to Sub-Committee as information.

6. REPORTS FOR CONSIDERATION

6.1 UPDATE ON ADULTS LEARNING DISABILITY SCRUTINY RECOMMENDATIONS, ACTION PLAN AND LD PROVISION

The Sub-Committee noted that the Council **(i)** and its health partners are responsible for commissioning and delivering appropriate care, support, and assistance to people with learning disabilities that live in the Borough; **(ii)** is committed to enabling people with learning disabilities to maintain their independence with services ranging from giving advice and information through to long-term residential care. The main points of the discussions arising from the questioning on the presentation maybe summarised as follows:

The Sub-Committee:

- Was **reminded** that a Health scrutiny challenge session took place on the 10th March 2020 reviewing "How health and social care is supporting adults with a learning disability to live independent lives in Tower Hamlets", focusing on three main areas of the Learning Disability Strategy: Health, Accommodation and Employment.
- **Noted** that due to the impact of the pandemic, the Sub-Committee were interested in revisiting the same three areas in February 2021. An updated report that included an impact assessment of the pandemic for the learning disability population was discussed at the Health & Adults Scrutiny Sub-Committee meeting.
- **Noted** that a report was taken to Cabinet on the 15th December 2021, that included an update and action plan based on all recommendations from both the March 2020 and Feb 2021 Health & Adults Scrutiny Sub-Committee meetings.
- Was **advised** that work to take these forward has continued throughout the pandemic with progress made in these areas reflected within the action plan.
- **Noted** that the NHS will now be offering a mixture of face-to-face, telephone and online GP appointments, and were reassured to hear that if patients need to be seen face-to-face, they will be. The Sub-Committee **indicated** that the NHS should **(i)** continue to offer face-to-face appointments; **(ii)** design a new service model which needs to be planned carefully and with close engagement with those communities who will be most affected.
- **Noted** that It's always important to the Royal London that they hear from patients whether the feedback is good or not. As whilst the Royal London is proud of its customer service, it is accepted that sometimes

they fall short of the mark and if this has happened and a patient has experienced poor service, the Royal London wants to know so that they can deal with any concerns as quickly as possible. As the sooner they are told then the sooner they can assign someone to investigate the complaint and resolve it.

- **Noted** that the NHS use a P5 category that identifies any patient as having requested to remain on the waiting list but to defer treatment because of their concerns about COVID-19.
- **Noted** that during the spread of COVID-19 hospitals had to postpone non-emergency operations to avoid putting patients at risk and ensure that hospital resources, beds, and equipment are available to treat patients who are critically ill with COVID-19. However, the NHS as it has gradually reintroduced planned operations have produced advice for patients waiting for surgery to address concerns and provide guidance on how you can prepare for your operation.
- **Noted** that surgical teams discuss with patients the benefits and risks of surgery as part of your shared decision-making, before going ahead with your operation. This will include consideration of any risk to you from delaying treatment. If you are in a high-risk group for contracting COVID-19, or if you have serious underlying medical conditions, it may be suggested that your operation is deferred until later, when it would be safer for you.
- **Noted** that the Boroughs hospitals are taking every possible measure to minimise any risk of infection. This includes training hospital staff on how to limit the spread of the virus through frequent hand-washing and social distancing within local hospitals; regular deep cleaning; use of personal protective equipment; testing staff and patients for COVID-19; and treating patients who have symptoms or who have tested positive for COVID-19 in separate units or areas.
- Was **informed** that whether a patient is having a discussion about a rescheduled operation or having an initial pre-operative assessment with a member of the surgical team, this consultation may take place online or by phone, rather than face-to-face, to limit the number of people coming to hospitals while COVID-19 is still present in the community. In addition, any visits to hospital should only occur when absolutely necessary, such as when urgent scans or other examinations are required.
- **Noted** that North East London Integrated Care System (NEL ICS) over recent years partners and stakeholders have changed how they work and plan services to bring health and social care services closer together for the good of the communities that they seek to serve. This has been highlighted by the ongoing coordinated response to Covid-19 where NHS organisations, local councils and community groups are all working together to provide the care for communities in an efficient, effective, and joined up way. Not only does this provide the best experience for the local population, but it also makes sure the best use of vital resources.
- Was **advised** that patient information would only be shared where it facilitates care for an individual and it is legal to do so. This sharing requires the patient to be informed and provide them with an

opportunity to object. This includes **(i)** all providers and agencies involved in a person's care, including the role that carers and family may play and **(ii)** sharing relevant information on admission to and discharge from different care settings.

- **Agreed** on the importance of the Trusts family contact centre during the pandemic that allowed families who could not visit their loved ones to stay in touch with them. The centre has allowed families to receive regular updates during this time on how their loved one are doing, to pass on messages to patients if they cannot be reached directly and to help them arrange virtual visits using video calling. All contact being through a nominated next of kin or the nominated contact person for reasons of patient confidentiality and was developed in consultation with multi faith forums, community leaders and general practitioners. This dialogue proved to be particularly of importance with regard to **(i)** the Trusts general wards where families could not visit their relatives and visiting rules had therefore be changed; and **(ii)** clinicians who were in a constant discussion with patients and general practitioners to improve communication and open up those lines of dialogue so that patients are not having to go to their back to their general practitioner to ask questions.
- **Noted** that the Trust are working with the Patient Welfare Association and Healthwatch to discuss future the development of communication pathways and would be happy to give an update to the Sub-Committee at a future meeting it that was felt to be helpful.
- **Agreed** that it would welcome such an opportunity to discuss future the development of communication pathways and agreed that this should be added to the Sub-Committees Action Points.
- **Noted** that the backlog for care needs to be considered as there has been over the pandemic fewer referrals for hospital with more patients having their conditions managed by their general practitioner or in the community. This has meant that it is unclear as to how many more people will be in need urgent or routine care Therefore, even with the positive news of a vaccine, the impact of Covid-19 on waiting times for NHS patients will be felt for years to come. As in spite the best efforts of hard-working staff, there simply is not the capacity to get through the backlog quickly. With current staffing levels it will be a challenge just to keep up with demand, let alone reduce the backlog.
- **Agreed as** a direct result of shutdowns of medical services over the period of the pandemic now the NHS faces a huge backlog of non-COVID-19 care. In addition to hospital care, the impact is also being felt by those trying to access GP care. Accordingly, that this issue should be added to the Sub-Committees Action Points.

As a result of a full and wide-ranging discussion on the issue's raised the Chair (i) thanked all those attendees for their contributions to the discussions; and (ii) moved and the Sub-Committee **RESOLVED** to:

- **Noted** the progress made since March 2020 against the initial challenge session recommendations.

- **Noted** the presentations and updated action plan; and
- **Agreed** the addition to the Sub-Committees Action Points of **(1)** communication pathways; and **(2)** the impact of Covid on those trying to access hospital and GP care.

6.2 IMPACT OF LONG COVID

The Sub-Committee **noted** (i) that Post-Covid syndrome, also known as Long Covid, is multi-system in nature. Patients often present with clusters of symptoms, often overlapping, which may change over time (ii) there is still uncertainty in what is known about the long-term effects of Covid -19 and only as evidence emerges, will there begin to be a greater understanding about the prevalence and recovery patterns following Covid -19. A summary of the questions and feedback provided is outlined below:
The Sub-Committee:

- **Understood** that in recovery, there is an opportunity to create a healthier, more resilient society, by ensuring that patients are provided with the tools to be able manage their long-term conditions better.
- **Noted** that part of the strategy to assist recovery aims to enable Primary Care to stratify patients with long terms conditions in order to help prioritise patients who are at the highest risk of an exacerbation.
- Was **informed** that the proposals represent a marked shift away from the focus on competition that underpinned the coalition government's 2012 reforms, towards a new model of collaboration, partnership, and integration. At the same time, removing some of the competition and procurement rules could give the NHS and its partners greater flexibility to deliver joined-up care to the increasing number of people who rely on multiple services. **However**, it is also important to recognise the limitations of what legislation can achieve. It is not possible to legislate for collaboration and co-ordination of local services. This will require changes to the behaviours, attitudes and relationships of staff and leaders right across the health and care system.
- **Commented** that whilst adult social care has demonstrated its value throughout the pandemic it is important to recognise the pressures facing social care and welcomed a commitment to reform. However, felt the proposals do not address the urgent need to put social care on a sustainable, long-term financial footing to ensure social care can best support people to live the lives they want to lead.
- **Agreed** it was important with regard to social care that there was affordable, high quality, sustainable and joined up care that meets people's needs.
- **Agreed** that self-isolation has caused a negative impact on people's mental health the separation from loved ones, loss of freedom, boredom, and uncertainty can cause a deterioration in an individual's mental health. As they have been placed in a situation or an environment that may be new and can be potentially damaging to their health. In addition, Covid has had drastic negative effects on the more vulnerable individuals in the community. Physical isolation at home among family members can put such people at serious mental health

risk. It can cause anxiety, distress, and induce a traumatic situation for them. vulnerable people can be dependent on others for their daily needs, and self-isolation can critically damage a family system. Those people living in nursing homes can face extreme mental health issues.

- **Agreed** that this Impacts on people's physical and mental well-being, which can manifest to impact on their needs for care and support. And of course we know that carers have also been adversely impacted during the pandemic in a number of ways and therefore the support that they may have offered may not always be as actively available during significant periods of time during the pandemic and including rest by. Therefore, for a number of reasons people's needs are more complex as a result.
- **Understood** that with regard to social care funding a funding shake-up has been long-awaited by older and disabled people and their families, who know how difficult navigating the current system can be. As unlike NHS healthcare, social care is not free at the point of use and Council funding is only available to those with the lowest means. Whilst the details of what the Government intends are awaited it has indicated that it intends to tackle the 'persistent unfairness' in the social care system by ensuring that self-funders are able to ask their local authority to arrange care on their behalf, so they can get a better deal. Currently, people who fund their own care usually pay higher fees than people who are funded by their local council.
- **Noted** in regard to the changes in social care funding there will be an £86,000 cap on care costs across an individual's lifetime. This cap is not proportional to a person's assets – it is a fixed amount, not a sliding scale depending on what you own/have. Therefore from April 2023 it appears that no-one will have to pay more than £86,000 for care costs.
- **Commented** that the reforms will lead to increased pressure on areas with higher levels of deprivation: As the plans will not generate money to address the anticipated increase in demand for care in future.
- **Noted** that the Government expects demographic and unit cost pressures to be met through Council Tax, the social care precept, and long-term efficiencies. However, it is estimated that a significant portion of funding nationally will go into funding the new cap on care costs. Furthermore, the administrative costs of implementation of changes in practice required, including changes in policies and procedures **e.g.** current charging and financial assessment policies and practice will all need to be evaluated and the costs of implementing these changes will need to be appraised and met within the additional funding. However, the additional funding announced does not represent the significant financial pressures that will be faced, on top of the additional costs of increased care costs and complexities of care due to the pandemic for vulnerable people.
- **Noted** that as mentioned social care is not a free, universal service; local authorities have always been able to charge for services. This means that service users are sometimes exposed to potentially very high and unpredictable care costs. Therefore, it is very important for LBTH to make sure that as part of its financial assessment process that they determine how much, if any, people are able to afford to contribute

towards the cost of their care and in doing so to take into consideration disability related expenditure so that LBTH can be assured that **(i)** additional expenditure that the individual may experience as a result arising from their disability; **(ii)** people to fully understand the circumstances associated with their charges e.g. what that means for them, and indeed if they need to seek independent financial advice.

- **Whilst** welcoming the intention by LBTH to ensure that there is a fair and equitable process including that the users voice is clearly heard and understood (**e.g.** a process that is co-produced in partnership with our residents), it was **agreed** that this issue needs to be the subject of further discussions involving service users and providers at a future meeting.

Recommendations:

The Health & Adults Scrutiny Sub-Committee:

- **Noted** the contents of the report.
- **Agreed** that this issue needs to be the subject of further discussions involving both the service users and providers at a future meeting.

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

The Chair please on record her thanks to Members and Officers for their invaluable support and contributions to the work of the Sub-Committee and the scrutiny process over the past year. Then with no other business to discuss the Chair called this meeting to a close.

The meeting ended at 8.33 p.m.

Chair,
Health & Adults Scrutiny Sub-Committee

Non-Executive Report of the: **Health and Adults Scrutiny Sub-Committee** 6th July 2022	
Report of: Sharon Godman, Director for Strategy, Improvement and Transformation	**Classification:** Unrestricted
Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)	

Originating Officer(s)	Afazul Hoque, Head of Service, Corporate Strategy and Communities
Wards affected	All Wards

Executive Summary

This report sets out the purpose of the Inner Northeast London Joint Health Overview and Scrutiny Committee (INEL JHOSC) and also seeks to confirm two Member reps from the Health and Adults Scrutiny Sub-Committee (HASC) to join the HASC Chair with INEL JHOSC activities.

Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Note and agree the terms of reference for INEL JHOSC
2. Appoint two Member representative to join the HASC chair with INEL JHOSC activities

1. REASONS FOR THE DECISIONS

1.1 INEL JHOSC is a statutory committee under section 245 of the NHS Act 2006 and Local Authority (OSC health Scrutiny functions) regulations 2002 and considers London wide and local NHS service developments and changes that impact authorities including Tower Hamlets.

2. ALTERNATIVE OPTIONS

2.1 Have no Member representation from Tower Hamlets, this is not an option as NHS remit is cross cutting and will impact health services in Tower Hamlets and there is a requirement for Health scrutiny to be engaged with statutory Health consultations under section 245 of the NHS 2006 Act.

3. DETAILS OF THE REPORT

3.1 The Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) comprises of London Boroughs: Hackney, Newham, Tower Hamlets and City of London Corporation.

3.2 The Committee's remit is to consider London wide and local NHS service developments and changes that impact all the authorities mentioned above. The Committee will meet as required and is established in accordance with section 245 of the NHS Act 2006 and Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

3.3 The INEL JHOSC is responsible for reviewing and scrutinising any matter relating to the planning, provision and operation of the health services in joint areas and across boroughs (as set out in appendix 1 Terms of Reference and Appendix 2 Protocol) .

3.4 INEL JHOSC Considers and responds to any health matter which:

- Impacts on two or more participating local authorities or on the sub region as a whole, and for which a response has been requested by NHS organisations under Section 244 of the NHS Act 2006; and
- All participating local authorities agree to consider as an INEL JHOSC

3.5 INEL JHOSC collectively considers whether a specific proposal within the STP that's is not a substantial development or variation is only relevant for one authority and therefore should be referred to that local authority's Health Scrutiny Committee for scrutiny

3.6 INEL JHOSC requires the relevant local NHS body to provide information about the proposals under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function

Membership

3.7 The INEL JHOSC is a committee serviced by the participating local authorities on a two-yearly cycle – the current local authority hosting the INEL JHOSC is the London Borough of Hackney in accordance with section 101(5) of the Local Government 1972

3.8 The membership is made up of three members from each of the larger participating local authorities and one from the City of London Corporation; making a total of 13 members.

4. EQUALITIES IMPLICATIONS

4.1 INEL JHOSC's role will scrutinise health Inequalities which are faced across Inner East London's patch as part of its consideration for London wide and local NHS service developments and changes that impact all the authorities mentioned.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 [Report authors should identify any other specific issues relevant to consideration of this report. Including, but not limited to, the issues noted above. This section of the report can also be used to re-emphasise particular issues that Members must have considered before taking the decision (for example issues that may come up if an objection was taken to court). Note – Paragraph 5.1 MUST NOT be deleted.]

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 [Financial implications to be prepared by Directorate Finance Manager and agreed with Corporate Finance]

7. COMMENTS OF LEGAL SERVICES

7.1 [Legal implications to be inserted when Financial Implications have been completed].

Linked Reports, Appendices and Background Documents

Linked Report

- List any linked reports
-
- State NONE if none.

Appendices

- IINEL JHOSC Terms of Reference
- INEL JHOSC Protocol

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:
N/A

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Substantial Variation Protocol

Background

The Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (the "JHOSC") is responsible for undertaking the joint health scrutiny function across local authority boundaries, as set out in:

- National Health Service Act 2006;
- Health and Social Care Act 2012;
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013;
- Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny.

There is also statutory guidance for NHS commissioners that is relevant to health scrutiny and public consultation:

- Patient and Public Participation in commissioning health and care: Statutory guidance for Clinical Commissioning Groups (CCG) and NHS England (NHSE).

The INEL JHOSC is responsible for reviewing and scrutinising any matter relating to the planning, provision and operation of the health services in joint areas and across boroughs.

The 2013 Regulations require that where there are proposed substantial developments / variations to health services in an area, the responsible organisations must consult with INEL JHOSC.

The health scrutiny guidance is clear that the commissioner is responsible for undertaking the consultation (4.3.1):

> *"In the case of substantial developments or variation to services which are the commissioning responsibility of CCGs or NHS England, consultation is to be done by NHS commissioners rather than providers i.e. by the relevant CCG(s) or NHS England. When these providers have a development or variation "under consideration" they will need to inform commissioners at a very early stage so that commissioners can comply with the requirement to consult as soon as proposals are under consideration."*

INEL JHOSC must invite the views of interested parties and take into account any relevant information made available to it; including Healthwatch in particular.

INEL JHOSC has the power to make reports and recommendations, and there is a duty on the local health services and providers to consider and respond formally.

The INEL JHOSOC PROTOCOLS operates underneath any legislation or NHS regulations that governs the scrutinising of any matter relating to the planning, provision and operation of the health services in joint areas and across boroughs.

Regulations

Regulations state that where a recommendation is not agreed by the commissioner, it must:

- Notify the committee of the disagreement;
- Work with the committee to take reasonable steps.

The regulations do not define what qualifies a substantial development / variation, however, the guidance suggests that a locally agreed protocol is in place between the health scrutiny function and commissioners.

Principles

This protocol and the guidance on when to submit items to INEL JHOSC is provided to support the following:

- Give a clear understanding of roles and responsibilities for elected officials, commissioners, providers and health scrutiny members;
- Ensure effective delivery of health scrutiny's primary aim:
    - to strengthen the voice of local people;
    - ensure needs and experiences are considered as an integral part of the commissioning and delivery of health services; and
    - that those services are effective and safe."[1]
- Strengthen and enhance the role of public involvement in respect to commissioning health services;
- Ensure compliance with statutory powers and duties related to substantial developments / variations, as well as modelling best practice in respect to the role of joint health scrutiny.

The guidance encourages early engagement with joint health scrutiny in order to establish how best to consult on any proposals.

It is important to note that any agreement with the joint health scrutiny committee does not alter the wider duty to consult service users placed on NHS organisations. In particular, any decision regarding whether a proposed change does not constitute a "substantial reconfiguration" will not impact on the wider duty to consult as set out under sections 14Z2 and 242 of the NHS Act 2006.

This is important as it will ensure there is a clear record of health scrutiny being involved in early planning discussions, and a clear audit trail in case a decision is challenged in the process. Compliance with the process reduces the risk of decisions being delayed, put on hold or subject to judicial review.

[1]

What are the other Boards?

Health Scrutiny Board
what is it?

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

Health Scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement of relevant NHS bodies and relevant health service providers with health scrutiny is a continuous process.

Health Scrutiny should be outcome focused, looking at cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services.

Local Authority Health Scrutiny, June 2014

Health and Wellbeing Board
what is it?

The Health and Wellbeing Board is separate from Health Scrutiny and is responsible for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) in each borough. It also has a role in promoting integration between Health and Social care.

Membership of the Health and Wellbeing Board is set out in the Health and Social Care Act 2012 and comprises:

- Relevant Cabinet Members and Chief Officers from the Council;
- Senior Representatives from the local NHS Bodies including the CCG;
- Representatives of Healthwatch and local Voluntary Sector representative body;
- Representatives of other key stakeholders (RBLs, police etc)

What is the JHOSC?

Joint Health and Overview Scrutiny Committee (JHOSC)

what is it?

The Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) is a joint committee made up of a delegated number of scrutiny Councillors from the London Boroughs of Hackney, Newham, Tower Hamlets and the City of London Corporation to consider health scrutiny issues across the subregion.

The Committee's remit is to consider London wide and local NHS service developments and changes that impact all the authorities mentioned above. The Committee meets as required and is established in accordance with section 245 of the NHS Act 2006 and Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

JHOSC

arrangements and items for scrutiny:

Local Authorities may appoint a discretionary joint health scrutiny committee (reg 30) to carry out all or specified health scrutiny functions, eg: scrutiny of issues that cross borough boundaries. Establishing a joint committee of this kind does not prevent the local authorities from separately scrutinising health issues, however there are likely to be occasions on which a joint committee is the best way of considering how the needs of a local population are being met with cross borough commissioning. *(Local Authority Health Scrutiny, June 2014)*

Broadly there are two main types of agenda item:

- Request from NHS for early input to emerging proposals, this could be part of wider engagement eg: a full public consultation or engagement with PPIs or Healthwatch;
- Request from NHS for formal engagement of a specific 'case for change' proposal ie: a service charge. In these cases the JHOSC can either 'endorse' or 'not endorse' the proposal. The JHOSC can also refer the matter to the Secretary of State.

Process for deciding what constitutes a substantial variation and items for consideration:

INEL JHOSC

items for consideration:

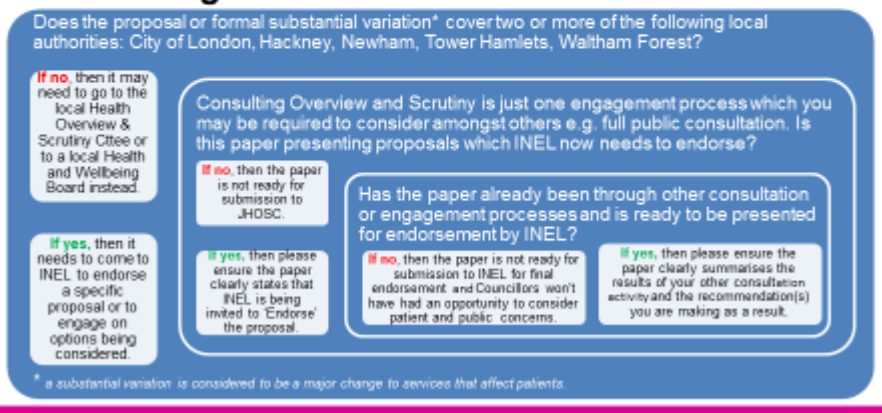
Regulation 30 also requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals. In such circumstances, Reg 30 sets out the following requirements:

- ONLY the JHOSC may respond to the consultation and not the individual local authorities;
- ONLY the JHOSC may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal;
- ONLY the JHOSC may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation.

There should be an initial discussion and agreement between the NHS and local authority Scrutiny Officer about whether or not a proposed change constitutes a substantial development / variation. The commissioner will contact the committee scrutiny officer to discuss the details of the proposed change.

INEL JHOSC

items being submitted:



The item will then be referred to the JHOSC Chair and vice-Chairs, along with any recommendations.

The Chair will make a decision on the basis of the evidence; the following factors should form the basis of their consideration:

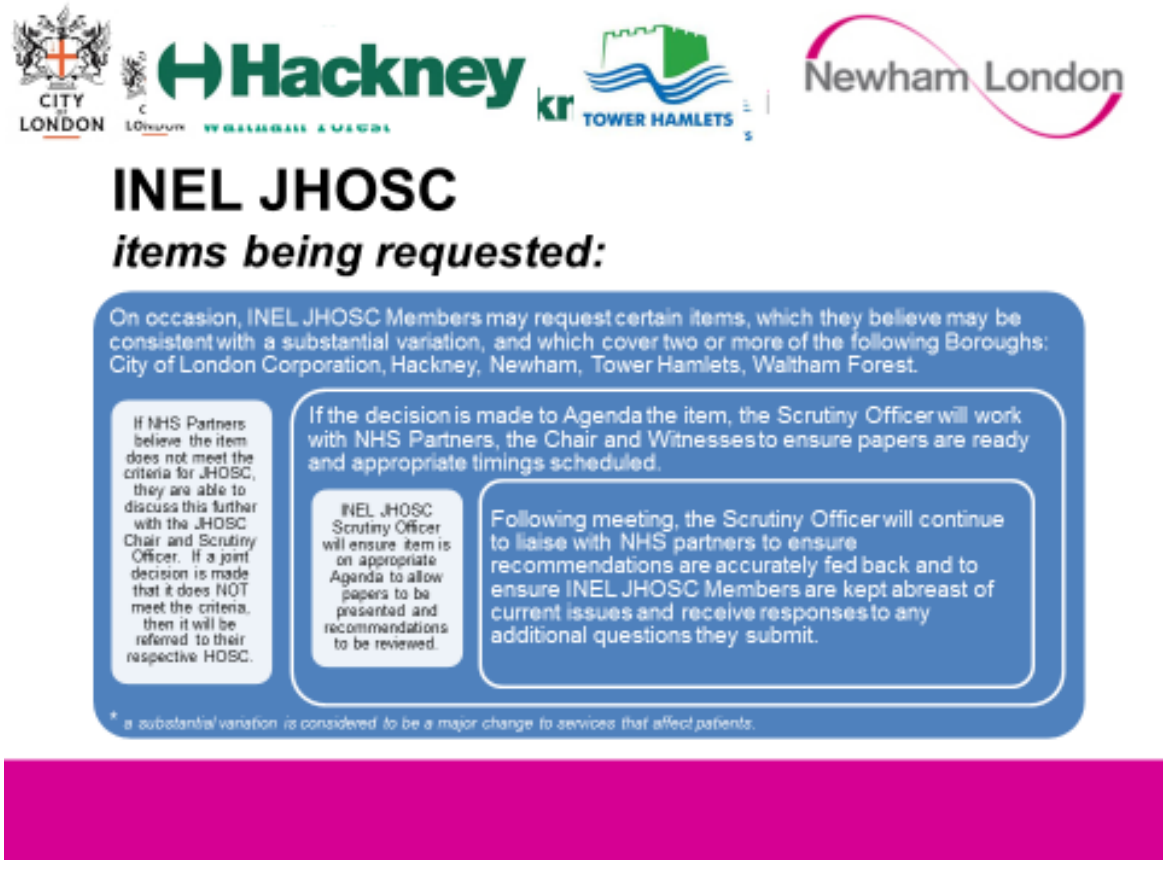
- Changes in accessibility of services;
- Impact of proposal on the wider community;
- Numbers of patients affected;
- Numbers of staff affected;
- Methods of service delivery;
- The impact on specific groups of patients, eg: older people, those with mental health conditions or those with a life-long condition.

The scrutiny officer will confirm with commissioners in writing the outcome of this discussion, and schedule an agenda item for a future meeting.

The guidance states that the JHOSC and the commissioner should try to reach a consensus about what qualifies as a substantial variation. Where disagreement arises, it is recommended that the commissioner seek the advice of the Independent Reconfiguration Panel.

The JHOSC reserves the right to make a referral to the Sectary of State if an agreement cannot be reached (sec 224 (2ZA) National Health Services Act 2006 as amended).

The JHOSC may also request items to be brought to a meeting if members feel strongly that certain areas or items need further scrutiny.



Substantial Development / Variation Discussion Pro-forma form:

Substantial Variation Discussion Pro-forma	
What are the Recommendations you are asking from INEL JHOSC? *(eg: endorse, submit further recommendations).*	
What is the background for this change? *(ie: why is this change required?)*	
What is the change proposed? *(for example relocation of wards, change of service model, closure of services)*	
What is the likely impact of the change for patients?	
How many patients are likely to be affected? *(include specific groups where identified)*	
What are the financial implications if changes do not occur?	
To date, how have people been involved in the planning for the change?	
What is the timescale for the change and what consultation activity is planned?	
What consultation has occurred and is planned?	
Has this topic been considered by the committee before, and if so what was the outcome?	
What equalities impact analysis has been undertaken, and what were the key findings?	

INEL JHOSC cover sheet:

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**INEL JHOSC**
Date of Meeting	
Lead Officer and contact details	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Report Author	
Witnesses	
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets
Recommendations: That INEL JHOSC: • •	

Background

xxx

Key Improvements for Patients

- x

Implications

Financial Implications

x

Legal Implications

x

Equalities Implications

x

Background Information used in the preparation of this report

- x

This page is intentionally left blank

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

TERMS OF REFERENCE

(updated 10 September 2019)

INTRODUCTION

1. Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (Reg 30) ensure that there are sufficient scrutiny procedures and policies in place to cover the cross-Borough wide NHS Sustainability and Transformation Plan (STP).

ROLE

2. Consider and respond to any health matter which:
   2.1. Impacts on two or more participating local authorities or on the sub region as a whole, and for which a response has been requested by NHS organisations under Section 244 of the NHS Act 2006; and
   2.2. All participating local authorities agree to consider as an INEL JHOSC

3. To collectively review and scrutinise any proposals within the STP that are a substantial development / variation of the NHS or the substantial development / variation of such service where more than one local authority is consulted by the relevant NHS body pursuant to Reg 30;

4. To collectively consider whether a specific proposal within the STP that's is not a substantial development or variation is only relevant for one authority and therefore should be referred to that local authority's Health Scrutiny Committee for scrutiny;

5. In the event that a participating local authority considers that it may wish to consider a discretionary matter itself rather than have it dealt with by the joint committee it shall give notice to the other participating councils and the joint committee shall then not take any decision on the discretionary matter (*other than a decision which would not affect the council giving notice*) until after the next full Council meeting of the council giving notice in order that the council giving notice may have the opportunity to withdraw delegation of powers in respect of that discretionary matter;

6. To require the relevant local NHS body to provide information about the proposals under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function;

7. Make reports or recommendations to the relevant health bodies as appropriate and/or the constituent authorities' respective Overview and Scrutiny Committees (OSC) or equivalent;

8. Each Council to retain the power of referral to the Secretary of State of any proposed "substantial variation" of service, so this power is not *solely* delegated to INEL JHOSC.

9. To review the procedural outcome of consultations referred to in any substantial development / variation, particularly the rationale behind contested proposals;

10. To undertake in-depth thematic studies in respect of services to which the NHS Trusts contribute and where a study is done on a Trust wide and cross borough basis;

11. To take account of relevant information available and in particular any relevant information provided by Healthwatch under their power of referral;

12. To maintain effective links with Healthwatch and other patient representative groups and give consideration to their input throughout the Scrutiny process;

MEMBERSHIP

13. The INEL JHOSC will be a committee serviced by the participating local authorities on a two-yearly cycle – *the current local authority hosting the INEL JHOSC is the London Borough of Newham* in accordance with section 101(5) of the Local Government 1972;

14. The membership shall be made up of three members from each of the larger participating local authorities and one from the City of London Corporation; making a total of 13 members, with each council's membership being politically proportionate and with non-executive councillors making up the membership.

15. The membership to include one observer from the London Borough of Redbridge and other neighbouring local authorities with the agreement of the majority of INEL JHOSC members, put to a vote at meetings where necessary.

16. Substitutions will be accepted if a councillor is not able to attend a meeting of the INEL JHOSC and that councillor has informed the Chair and Scrutiny Officer at least five working days in advance of the meeting.

17. Guidance suggests that co-opting people is one method of ensuring involvement of key stakeholders with an interest in, or knowledge of, the issue being scrutinised. This is already a power of overview and scrutiny committees by virtue of the Local Government Act 2000. However, the Guidance also recommends other ways of involving stakeholders by, for example, giving evidence or by acting as advisers to the committee.

18. A Chair (from the host authority) will be appointed by INEL JHOSC at the first meeting.

19. A vice-Chair (from non host local authorities) will be appointment by INEL JHOSC at the first meeting. Where agreed, a second vice-Chair may also be nominated to ensure parity across the Membership.

QUORUM

20. The quorum for meetings will be one member from four of the five authorities represented. During any meeting if the Chair counts the number of councillors present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chair. If a date is not fixed, the remaining business will be considered at the next meeting.

DECISION MAKING PROCESS

21. Decisions will be taken by consensus. Where it is not possible to reach a consensus, a decision will be reached by a simple majority of those members present at the meeting. Where there are equal votes the Chair will have the casting vote.

REPORTING ARRANGE MENTS

22. Prior to the agenda for each meeting of INEL JHOSC being finalised officers will convene a planning / pre-meeting with the Chairs of the individual HOSC's or their nominee, along with key individuals presenting papers from the NHS and other informal briefings as considered appropriate;

23. In terms of the INEL JHOSC's conclusions and recommendations the Guidance says that one report has to be produced on behalf of INEL JHOSC if a report is required and sufficient information gathered to ensure a report. The final report shall reflect the views of all local authority committees involved in INEL JHOSC. it will aim to be a consensual report.

24. In the event there is a failure to agree a consensual report the report will record any minority report recommendations. At least nine members of INEL JHOSC must support the inclusion of any separate minority report in the committee's final report.

25. Any report produced by INEL JHOSC will be submitted to respective local authority's council meetings for information.

26. The NHS body or bodies receiving the report must respond in writing to any requests for responses to the report or recommendations, within 28 days (*calendar, not working*) of receipt of the request.

27. In the event that any local authority exercises its right to refer a substantial variation to the Secretary of State, it shall notify the other local authorities of the action it has taken and any subsequent responses.

FREQUENCY AND ADMINISTRATION

28. INEL JHOSC to meet quarterly, with at least one meeting within a 12 month period aligned with ONEL JHOSC to consider issues that cover the STP footprint;

29. To constitute and meet as a Committee as and when participant boroughs agree to do so subject to the statutory public meeting notice period;

30. Meetings will usually be led by each authority rotating on a two-yearly basis with the Chair being a councillor from the current lead local authority;

31. The lead administrative and research support will be provided by the a Scrutiny Officer from the borough which holds the Chair with the assistance, as required, from the officers of the participating boroughs;

32. Meetings of INEL JHOSC will be rotated between participating authorities as agreed by INEL JHOSC. The host authority for each meeting of the INEL JHOSC will be responsible for arranging appropriate meeting rooms; ensuring that refreshments are available, providing spare copies of agenda papers on the day of the meeting; and producing minutes of the meeting within 10 working days;

33. Each authority will identify a key point of contact for all arrangements and Statutory Scrutiny Officers are at all times to be kept abreast of arrangements for INEL JHOSC;

34. If there is a specific reason, for example, if the issue to be discussed relates to a proposal specific to the locality of one Local Authority area the meeting venue can change to a more appropriate venue. The lead Local Authority would remain the same, even if the venue changes;

35. Any changes to the host authority must be agreed by the Committee;

36. Agenda and supporting papers to be circulated and made publicly available at least five working days before the meeting;

37. Actions to be circulated to those with actions as soon as possible after the meeting – no later than three working days following the meeting;

38. Meetings to be held in public, with specific time allocated for pre-submitted public questions;

PETITIONS, STATEMENTS AND QUESTIONS

39. Members of the public and members of council, provided they give notice in writing or by electronic mail to the proper officer of the host authority (and include their name and address and details of the wording of the petition, and in the case of a statement or question a copy of the submission), by no later than 12 noon ***ONE WORKING DAY BEFORE*** the meeting, may present a petition, submit a statement or ask a question at meetings of INEL JHOSC.

40. The petition, statement or question must relate to the terms of reference and role and responsibility of the committee;

41. The total time allowed for dealing with petitions, statements and questions at each meeting is fifteen minutes;

42. Statements and written questions, provided they are of reasonable length, will be copied and circulated to all members and will be made available to the public at the meeting;

43. There will be no debate in relation to any petitions, statements and questions raised at the meeting but the committee will resolve;

    43.1. "that the petition / statement be noted"; or
    43.2. if the content relates to a matter on the agenda for the meeting: "that the contents of the petition / statement be considered when the item is debated";

RESPONSE TO QUESTIONS

44. Questions will be directed to the appropriate Director or organisation to provide a written response directly to the questioner. Appropriately redacted copies of responses will be published on the host authority's website within 28 days.

45. Details of the questions and answers will be included on the following meeting's agenda.

46. Any questions submitted by INEL JHOSC to the presenting body must respond in writing within 28 days (*calendar, not working*) of receipt of the request.

PRINCIPLES OF EFFECTIVE SCRUTINY

47. Scrutiny undertaken through INEL JHOSC will be focused on improving the health and health services for residents in areas served by INEL JHOSC through the provision and commissioning of NHS services for those residents;

48. Improving health and health services through scrutiny will be open and transparent to Members of the Local Authority, health organisations and members of the public.

49. All Members, officers, members of the public and patient representatives involved in improving health and health services through scrutiny will be treated with courtesy and respect at all times.

50. Improving health and health services through scrutiny is most likely to be achieved through co-operation and collaboration between representatives of the various Local Councils, NHS Trusts, representatives of Healthwatch and the Clinical Commissioning Groups commissioning hospital services;

51. Co-operation and joint working will be developed over time through mutual trust and respect with the objective of improving health and health services for local people through effective scrutiny.

52. All agencies will be committed to working together in mutual co-operation to share knowledge and deal with requests for information and reports for INEL JHOSC within the time scales set down.

53. INEL JHOSC will give reasonable notice of requests for information, reports and attendance at meetings.

54. INEL JHOSC, whilst working within a framework of collaboration, mutual trust and co-operation, will always operate independently of the NHS and have the authority to hold views independent of other Members of representative Councils and their Executives;

55. The independence of INEL JHOSC must not be compromised by its Members, by other Members of the Council or any of the Councils' Executives, or by any other organisation it works with;

56. Those involved in improving health and health services through scrutiny will always declare any particular interest that they may have in particular pieces of work or investigation being undertaken by INEL JHOSC and thus may withdraw from the meeting as they consider appropriate;

57. INEL JHOSC will not take up and scrutinise any individual concerns or individual complaints;

58. Where a wider principle has been highlighted through such a complaint or concern, INEL JHOSC should consider if further scrutiny is required. In such circumstances it is the principle and not the individual concern that will be subject to scrutiny.