



## Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the OPEN section of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on Monday 28 November 2016 at 7.00 pm at Bexley Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT

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### PRESENT:

Councillor Ross Downing  
Councillor Jacqui Dyer  
Councillor Judith Ellis  
Councillor Alan Hall  
Councillor Robert Hill  
Councillor James Hunt  
Councillor Rebecca Lury  
Councillor Clare Morris  
Councillor John Muldoon  
Councillor Bill Williams

### OFFICER SUPPORT:

Mark Easton, Programme Director, OHSEL  
Sarah Blow, Chief Officer, Bexley CCG  
Rory Hegarty, Director of Communications and Engagement, OHSEL  
Oliver Lake, Senior Partner, South East CSU  
Nick Jones, Finance, Our Healthier South East London  
Louise Peek, Principal Scrutiny Officer, Bexley  
Matthew Duckworth, Committee Officer (Scrutiny), Bexley

### 1. APOLOGIES

Apologies were received from Councillors Hannah Gray and Cherry Parker.

### 2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

### **3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Councillor Jacqui Dyer is the NHS England Equalities Lead for Mental Health.

Councillor Judith Ellis is a governor of Oxleas NHS Foundation Trust and her daughter is an employee of SLaM NHS Trust

Councillors Alan Hall and John Muldoon are both governors at SLaM NHS Trust.

Councillor James Hunt is head of fundraising at the Haemophilia Society and his wife is an employee of Dartford & Gravesham NHS Trust.

Councillor Clare Morris holds an honorary contract with Lewisham and Greenwich NHS Trust

Councillor Bill Williams is a governor at Guy's & St Thomas NHS Trust

### **4. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING**

### **5. MINUTES**

The minutes of the meeting held on 11th October 2016 were agreed as a correct record.

### **6. ELECTIVE ORTHOPAEDIC PLANNED CARE FOR SOUTH EAST LONDON**

Sarah Blow (SB) provided an update on actions taken since the last meeting of the JHOSC in October. Further analysis of the options had been undertaken and an Equalities Analysis completed. Recommendations on consultation options will be made to the Committee in Common (CIC) based on this information. There had been further engagement with stakeholders and a draft consultation document had been produced and updated following feedback; a colour proof of which was circulated at the meeting. The CIC was meeting the next morning where they will be considering proceeding to formal consultation starting on 5<sup>th</sup> December and ending on 10th March 2017. Feedback will be provided to the CIC on tonight's meeting.

Rory Hegarty (RH) then provided an update on plans for the formal consultation process. He noted the intention to speak to all local OSC Chairs to talk through plans for local areas. A timeline and overview of activities was provided along with a list of those who would be consulted, the communications materials that would be used and the means by which OHSEL will consult including focus groups, deliberative events, roadshows, a consultation hearing, briefings, meetings of the Planned Care Reference Group, and mail outs. A further slide set out how people could respond and share their views. The responses received during the consultation will be recorded, independently evaluated and presented to the CIC.

Following the briefing by OHSEL, there was a lengthy discussion, which highlighted a number of key issues/concerns that the JHOSC had identified;

- The draft consultation document and other important information had been provided too late to the JHOSC to allow Members adequate time to consider them.
- The consultation document should include an option 4 – an enhanced status quo, allowing hospitals to continue providing elective orthopaedic care at existing sites. More detail to explain this option 4 should be added to the consultation document.
- Concerns that the draft consultation document contains leading questions and is weighted towards the NHS; preferred option. The JHOSC considered that information should be presented in the consultation document in such a way that it is clear that there is a choice of options and that enables people to compare the advantages and disadvantages the options, which have each been evaluated against the same criteria.
- Further clarity is required on the financial modelling and this is needed before the consultation begins.
- The concerns expressed by Lewisham and Greenwich Trust about the ongoing viability of provider trusts, set out in a letter tabled at the meeting, were noted.

#### **RESOLVED:**

Following a vote, all Members of the JHOSC unanimously agreed that they did not support or approve the consultation document in its current form. It was resolved that the following recommendations should be made:

#### Consultation Document

- Order of the consultation questions to be reviewed;
- Option 4 (enhanced status quo) to be included throughout;
- Page 7 - 'hospital' to be added after 'Queen Mary's' and reference to 'other sites' to be removed;
- Re-word the question 2.b in relation to the impact on A&E services;
- Re-consider wording about the consultation not being a vote (p.23); and
- More data to be added on infection rates and missed appointments in the SW London model for comparison with the four options.

#### Related Issues

- A financial briefing to be provided to JHOSC members;
- JHOSC to have sight of the independent work being undertaken alongside the consultation;
- The University of Kent to be invited to the JHOSC in April to present its independent analysis of the consultation; and
- JHOSC meeting in February to develop the JHOSC's response to the consultation and to invite public representations.

## **7. SUSTAINABILITY & TRANSFORMATION PLAN (STP)**

The STP was introduced by Mark Easton (ME). The Chair noted that the JHOSC was keen to consider what joint scrutiny should take place and how this would link with more local borough scrutiny. ME noted that this was not a formal consultation with the JHOSC at this stage as the plan sets out a direction of travel and is an iterative process. Further engagement/consultation would be required either through the joint scrutiny process or on an individual borough basis, as individual work streams are taken forward.

The JHOSC made a number of observations, expressing concerns about and requesting further information on the governance arrangements in place for the STP and procurement processes; concerns about how the STP links with Borough plans/local health priorities; and engagement with and buy in of social care and the voluntary sector, and therefore whether savings identified are deliverable. Questions were asked about the areas of the STP that the NHS considered needed further development; confidence that resources are available to deliver the prevention agenda; how other key services (such as housing) are engaged in the STP; the differing roles of Overview and Scrutiny and Health and Wellbeing Boards and; how Healthwatch is able to share issues and concerns and how these are fed into the STP.

### **RESOLVED:**

- Timeline of STP strands to present at the JHOSC
- A paper on STP governance arrangements
- A briefing summarising what finance directors have said, with reference to efficiency and sustainability

## **8. SOUTH EAST LONDON 111 SERVICE**

The JHOSC noted an update on plans to re-design the NHS 111 service in SE London. It was agreed that JHOSC Members should contact the Chair with ideas on how this could be dealt with a future meeting.

## **9. WORKPLAN**

The Committee noted the future work plan items identified at the previous agenda items.

Meeting ended at 9:33 pm

**[CABINET ONLY]**

**DEADLINE FOR NOTIFICATION OF CALL-IN UNDER SECTION 21 OF THE OVERVIEW AND SCRUTINY PROCEDURE RULES IS MIDNIGHT, [DATE].**

**THE ABOVE DECISIONS WILL NOT BE IMPLEMENTABLE UNTIL AFTER THAT DATE. SHOULD A DECISION OF THE CABINET BE CALLED-IN FOR SCRUTINY, THEN THE RELEVANT DECISION WILL BE HELD IN ABEYANCE PENDING THE OUTCOME OF SCRUTINY CONSIDERATION.**