

## **East of England Joint Health Scrutiny Committee**

**14 May 2008**

### **Agenda item No 8**

#### **Way Forward**

#### **Report of the Advisor**

##### **A. Structuring the Work Programme**

A.1 The Committee will wish to consider how it structures its analysis and scrutiny of the proposals set out in the Strategic Health Authority's consultation paper. Members may wish to consider:

- a) focusing on the proposals as a whole and their "deliverability"
- b) focusing on the main themes of the consultation
- c) focusing on the proposals in each of the chapters of the consultation paper
- d) focusing on issues which are likely to be contentious
- e) focusing on the proposals as they affect particular client groups.

A.2 It will be important to determine the elements that are to be subjected to detailed scrutiny if the Committee is to properly arrange the agendas for its future meetings and marshal the witnesses and the evidence they provide.

**A.3 The Committee is requested to consider how it wishes to approach this aspect of its work.**

##### **B. Identifying Potential Witnesses – Oral and Written Evidence**

B.1 In discussion with the Chairman of the East of England Joint Health Scrutiny Committee, it has been established that, in addition to members of the public, the following groups may wish to provide written or oral evidence to the Joint Overview & Scrutiny Committee,

1. PCTs
2. NHS Trusts
3. Foundation Trusts
4. Academics
5. Centre for Public Scrutiny
6. Charities
7. Patients Groups and/or Patients' Interests Groups (Stroke Association, NCT etc.).
8. Royal Colleges (including GPs)
9. Council Leaders
10. Directors of Adult Social Services
11. Directors of Children's Services
12. Health Scrutiny Committee Chairs
13. Local Members of Parliament
14. Dental Services }
15. Mental Health Services } Depending on the scope of the StHA's Document
16. Specialised Services }

B.2 The scope and priority of evidence that the committee wishes to receive and consider will in part depend on the approach to its analysis of the consultation paper as set out in paragraph A.1 above. The Committee may wish to focus on receiving

oral evidence in respect of the priority concerns it has identified, accepting written evidence on other matters, which while important to the witnesses, may not be a priority issue for the Committee.

B.3 Some of the groups or individuals that the Committee wishes to receive evidence from may be the same groups or individuals that the Strategic Health Authority is consulting. If so, is there the possibility that the Committee could share the Strategic Health Authority's distribution lists to write to stakeholders advising them of the existence of the Regional Joint Health Scrutiny Committee and inviting them to give oral or written evidence to the Joint Committee.

B.4 It should be noted that it the consulting body's (or bodies') (i.e. The Strategic Health Authority and its NHS Partners) responsibility to undertake the consultation on the proposals and for them to demonstrate that they have responded to the results of the consultation.

B.5 It is the Committee's responsibility to seek evidence from a full range of stakeholders on the proposals and their impact and then, after due consideration of that evidence, make its report to the Strategic health Authority and any other NHS organisation which is a party to the consultation paper's proposals. Later in the process the Committee will need to consider whether the consultation process has been adequate and whether the body(ies) making the decisions have taken account of the evidence and comments arising from the responses to the consultation.

B.6 The Committee will also wish to consider the balance it wishes to strike between considering oral evidence from witnesses and the scope for receiving and considering written evidence.

**B.7 The Committee is invited to consider which of the groups set out above it wishes to seek and receive evidence from and whether such evidence should be taken from witnesses appearing before it by giving oral evidence and/or whether written evidence and representations should be sought.**

## **C. Dates of Future Meetings**

C.1 The Strategic Health Authority will launch its consultation paper on Monday 12 May. The consultation period will last for twelve weeks. This means that the Committee will need to have received and considered evidence and approved its report back to the Strategic Health Authority by the end of July.

C.2 The Committee will wish to set aside days for considering evidence. The following days have been as available in consultation with the Chairman of the Committee:

3<sup>rd</sup> June 2008

4<sup>th</sup> June 2008

6 June 2008

9<sup>th</sup> June 2008

11<sup>th</sup> June 2008

13<sup>th</sup> June 2008

C.3 It is NOT suggested that the Committee sits on each of these days but that the Committee, having regard to the issues it wishes to receive evidence on, determine which three or four days it wishes to meet.

C.4 The Committee will also wish to meet to consider and sign off its report. It is

suggested that a period of three weeks will be needed, having regard to other commitments (e.g. meetings of local health scrutiny committees) to draft and circulate a draft final report for submission to the Strategic Health authority. The dates available for a meeting of the Committee to sign off the final report, established in consultation with the Chairman of the Committee:

11<sup>th</sup> July 2008, or

16<sup>th</sup> July 2008, or,

21<sup>st</sup> July 2008, or,

22 July 2008.

This timing would allow a second draft of the Committee's report to be circulated electronically for final sign off before submission to the Strategic Health Authority.

**C.5 The Committee is requested to determine the dates that it wishes to meet**  
**a) to receive and consider evidence, and,**  
**b) to consider the draft report to the Strategic Health authority and to finalise the content and wording of the report.**

#### **D. Location of Future Meetings**

D.1 The first meeting of the Committee was held at County Hall Bedford. The second meeting is being held at County Hall Chelmsford. It was the aspiration of the Committee at the informal briefing in December 2007 that other meetings of the Joint Committee should take place around the region as a measure of convenience for members, but more importantly to ensure that the work of the Joint Committee is accessible to members of the public and stakeholders who wish to give evidence.

D.2 It may be advantageous to meet in specific locations that are the subject of any locally contentious proposals. It may also be helpful to meet in different locations in order for the work of the Committee to be seen to be done. One constraint will be the availability of appropriate committee rooms for the Committee to meet in.

**D.3 The Committee is requested to consider where it should meet on future occasions.**

**Bill Hamilton**  
**Advisor to the Joint Committee**