

Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London Sector

5 December 2011

JHOSC Terms of Reference

1. Introduction

1.1 This report outlines the current agreed scope, terms of reference and procedural arrangements for the JHOSC.

2. Recommendation

2.1 Members are requested to note the report

3. Terms of Reference and Scope for the JHOSC

3.1 In January 2010, Chairs of health scrutiny committees in the north central London sector agreed to set up a JHOSC to engage with the NHS on the North Central London Service and Organisation Review, which was set up by the NHS to consider sector wide options for reconfiguring acute care. The proposals arising from this would have had wide ranging implications for health services across the sector and undoubtedly constituted a “substantial variation”, thus requiring formal consultation and the establishment of a JHOSC.

3.2 The principle of the establishment of the JHOSC and the terms of reference were agreed by each Council prior to the 2010 local government elections. Following the local government elections, appointments to the JHOSC were made by each of the constituent Councils. The number of representatives per borough (two) was also agreed prior to the local government elections

3.3 Following the general election the review process was suspended in the light of a change of policy by the incoming coalition government. In the meantime, NHS North Central London was established formally and took on a more significant role than was envisaged when it was originally set up as a sector wide commissioning agency. Significant numbers of key strategic commissioning decisions began to be taken at sector level rather than by individual PCTs. In addition, NHS North Central London became the transitional body for the switch to GP led commissioning.

3.4 The JHOSC met informally on 2 August 2010 and considered how to respond to the changing circumstances. It agreed to broaden the scope of the JHOSC so that it had a standing role in scrutinising strategic sector wide issues through regular engagement with NHS North Central London. In addition, it would also consider any proposals involving significant reconfiguration of services across the sector. Finally, it would also have a role, where appropriate, in responding to any proposals for changes to specialised

services where there are comparatively small numbers of patients in each borough and commissioning was undertaken on a cross borough basis.

3.5 As a result of this, the revised terms of reference were agreed by each participating authority. These were as follows:

“1. To engage with NHS North Central London on strategic sector wide issues in respect of the commissioning of health services across the area of Barnet, Camden, Enfield, Haringey and Islington; and

2. To scrutinise and respond to stakeholder engagement, the consultation process and final decision in respect of any sector wide proposals for reconfiguration of specific services in the light of what is in the best interests of the delivery of a spectrum of health services across the area of, taking account of:

- The adequacy of the consultation being carried out by the health bodies including the extent to which patients and the public have been consulted and their views have been taken into account
- The impact on the residents of those areas of the reconfiguration proposals, as set out in the consultation document
- To assess whether the proposals will deliver sustainable service improvement
- To assess whether the proposed changes address existing health care inequalities and not lead to other inequalities
- The impact on patients and carers of the different options, and if appropriate, which option should be taken forward
- How the patient and carer experience and outcomes and their health and well-being can be maximised whichever option is selected
- Whether to use the joint powers of the local authorities to refer either the consultation or final decision in respect of the North Central London Service and Organisation Review to the Secretary of State for Health.

3. The joint committee will work independently of both the Executive and health scrutiny committees of its parent authorities, although evidence collected by individual health scrutiny committees may be submitted as evidence to the joint committee and considered at its discretion.

4. To maintain impartiality, during the period of its operation Members of the Joint Committee will refrain from association with any campaigns either in favour or against any of the reconfiguration proposals. This will not preclude the Executives or other individual members of each authority from participating in such activities.

5. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people”

- 3.6 The agreed terms of reference were not intended to reduce the power of individual health scrutiny committees to engage with their PCT on local issues. NHS North Central London indicated that they would continue to work with individual PCTs to support them in engaging with local health scrutiny committees.

4. Procedural Arrangements

- 4.1 In terms of the procedural arrangements, the following was agreed:

Quorum

- The quorum for the JHOSC is one Member from four of the participating authorities. In the event of a meeting being inquorate, it can still proceed on an informal basis if the purpose of the meeting is merely to gather evidence. However, any decision making is precluded.

Voting Rights

- Due to the need for recommendations and reports to reflect the views of *all* authorities involved in the process, one vote per authority was agreed as more appropriate than each individual Members being given a vote. It is nevertheless to be emphasised that decisions by the joint committee should be reached by consensus rather than a vote. Every effort should therefore have been made to reach agreement before a vote is taken.

Dissent and Minority Reporting

- It was recognised that issues that emerge during the work of the JHOSC may be contentious and there therefore might be instances where there are differences of opinion between participating boroughs. The influence of the JHOSC will nevertheless be dependent on it being able to find a consensus. Some joint committees have had provision for minority reports but these powers can, if used, severely undermine the committee’s influence. Whilst such provision can be made for the JHOSC, it is agreed that use of it is only made as a last resort and following efforts to find a compromise.

Writing Reports and Recommendations

- The responsibility for drafting recommendations and reports for the JHOSC is shared amongst participating authorities. It is recognised that this may be challenging due to the possibility of there being conflicting interests amongst participating authorities but in the current financial climate it is unlikely that it will be possible to fund any external assistance except in exceptional circumstances.

Policy and Research Support and Legal Advice to the Joint Committee

- This is jointly provided by all of the participating authorities. Each authority is responsible for supporting its own representatives whilst advice and guidance to the JHOSC will be provided, as required, through liaison between relevant authorities. Consideration could be given by the JHOSC, in due course, to the provision of external independent advice and guidance, should it be felt necessary. This could be of benefit if it enables the joint committee to more effectively challenge the NHS and may be of particular assistance in addressing issues of a more technical nature, where lack of specific knowledge could put the joint committee at a disadvantage.

Administration

- Clerking responsibilities are shared between participating Councils, with the borough hosting a particular meeting also providing the clerk.

Frequency and location of meetings

- Meetings rotate between participating authorities for reasons of equity and access.

Servicing costs

- In the current financial climate, it is unlikely that it will be possible to meet any costs arising from the work of the JHOSC except on an exceptional basis. Any such financial commitments will need to be agreed beforehand and the cost split between the participating authorities.