

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

17 January 2013

Future Operation of the JHOSC

1. Introduction

- 1.1. At the JHOSC seminar on 28 November, Members agreed that the JHOSC would continue to operate after the new arrangements for the NHS have been implemented fully on 1 April 2013. This report outlines the proposed new arrangements and updated terms of reference.

2. Recommendation

1. That the proposed arrangements, amended terms of reference and procedures be agreed and implemented from the start of the new municipal year;
2. That they subject to review in a years time;
3. That the necessary arrangements for the updated terms of reference to be approved formally by each Council be undertaken by participating boroughs;

3. Background

- 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 this, 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 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, 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”

4. Future Role of JHOSC

4.1. The JHOSC seminar on 28 November provided Committee Members with an overview of the new arrangements for the NHS that will be implemented fully from 1 April 2013. This will involve PCTs ceasing to exist and their formal role being taken over by, amongst others, Clinical Commissioning Groups (CCGs). The cluster organisation – NHS North Central London – will also cease to exist. Other new organisations will be established fully including the NHS Commissioning Board and Commissioning Support Units (CSUs).

4.2. Members of the JHOSC informally discussed whether there would still be a useful role for the JHOSC to undertake after 1 April. Members were of the view that the JHOSC had complemented local health scrutiny well and had been very effective so far in its role. However, it was still unclear at this stage how the new arrangements would develop and at what level and with whom overview and scrutiny could engage with most effectively within the new structures. Members were nevertheless of the view that the commissioning of NHS services on a cross borough basis was likely to continue and possibly increase. There was also still the potential for large scale reconfigurations to be proposed by the NHS, such as the one currently taking place in north west London. It was felt important that overview and scrutiny was proactive in its approach so that it was able to influence issues at an early stage rather than merely react to proposals once they had been developed.

4.3. The consensus reached was that the JHOSC should continue to meet but on a less regular basis. It was therefore agreed that the JHOSC would meet initially four times per municipal year and that the position would be reviewed in a years time.

5. Amended Scope, Terms of Reference and Procedures

5.1. It is proposed that the following amended terms of reference be adopted for the JHOSC following the implementation of the new NHS structures:

“1. To engage with relevant NHS bodies on strategic sector wide issues in respect of the commissioning and provision of NHS 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 health 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.
4. To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each borough.
 5. 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.
 6. 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 reconfiguration proposals that may be considered by the Committee. This will not preclude the Executives or other individual members of each authority from participating in such activities.
 7. 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”

6. Procedural Arrangements

- 6.1. In terms of the procedural arrangements, the following is proposed:

Representation

Each borough will be entitled to two representatives on the Committee. In the event of a Member being unable to attend, a deputy may be appointed by the borough concerned.

Chair

A Chair and a Vice Chair for the JHOSC shall be appointed at its first meeting of each Municipal Year. The Chair and the Vice Chair shall come from different boroughs.

Quorum

The quorum for the JHOSC will be 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 boroughs involved in the process, the JHOSC shall aim to operate by consensus if at all possible. A vote shall only be taken if every effort has been taken to reach agreement beforehand. Voting will be on the basis of one vote per authority. In the event of a tie, there shall be no provision for a casting vote on behalf of the Chair and the vote shall be deemed to have been lost.

Dissent and Minority Reporting

It is 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.

Policy and Research Support and Legal Advice to the Joint Committee

This will be provided jointly 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 will rotate between participating authorities for reasons of equity and access. The JHOSC will meet four times per Municipal Year. However, an additional meeting may be called by the Chair in consultation with the Vice Chair or if requested by at least four participating boroughs.

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.