

DRAFT TERMS OF REFERENCE – North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)

1 - Purpose of Committee

- 1.1 The North Central London (NCL) Joint Health Overview & Scrutiny Committee (JHOSC) will operate formally as a statutory committee.
- 1.2 The purpose of the JHOSC is to:
- engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
 - 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 of the participating Boroughs;
 - respond to any formal consultations on proposals for substantial developments or variations in health services affecting the North Central London (NCL) area of Barnet, Camden, Enfield, Haringey and Islington on behalf of Councils who have formally agreed to delegate this power to the JHOSC;
- 1.3 The Committee will have regard to the Department of Health & Social Care's guidance on health overview and scrutiny which states that *"the primary aims of health scrutiny are to strengthen the voice of local people and provide local accountability"* and should *"ensure that local people's 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

Powers

- 1.4 The JHOSC is established by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. These regulations have been amended by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024. This enables two or more local authorities to appoint a joint overview and scrutiny committee of those authorities to exercise relevant functions subject to terms and conditions as the authorities may consider appropriate.
- 1.5 The Integrated Care Board (ICB) for the NCL area covers the boroughs of Barnet, Camden, Enfield, Haringey and Islington. The JHOSC will comprise of Councillors across the same five Boroughs in order to enable effective scrutiny of the NCL ICB.
- 1.6 The NCL ICB should provide relevant information about any significant forthcoming reorganisation of NHS services in the NCL area to the JHOSC in a timely manner.

Relationship to HOSCs

¹ <https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles>

- 1.7 The JHOSC will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs)² of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion.
- 1.8 The JHOSC will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
- 1.9 The agenda papers of JHOSC meetings will be provided to each of the local authorities in the NCL area for publication on their websites.
- 1.10 The minutes of JHOSC meetings will be provided to the HOSCs for possible inclusion in their agenda papers. If the HOSCs are minded to include this as an item on their agenda, any HOSC members who are also members of the JHOSC may wish to use this item as an opportunity to provide a verbal update on issues raised at the previous JHOSC meeting.

2 - Membership of Committee

- 2.1 The Committee shall be comprised of up to ten members in total, with a maximum of two members nominated from each of the five NCL Boroughs.
- 2.2 Appointments to the JHOSC will usually be approved at each authority's Council AGM at the beginning of the municipal year and expire at the end of the same municipal year.
- 2.3 Appointments by each authority to the JHOSC will reflect the political balance of that authority.
- 2.4 Members who hold an executive post shall not be appointed to the JHOSC.
- 2.5 It is strongly advisable that one of the members nominated by each Borough is the Chair of their local HOSC as this helps to strengthen the links between the JHOSC and the HOSCs. It may also be beneficial for the second nominated member from each Borough to be the Chair or a member of their main Overview & Scrutiny Committee (OSC).

Chair/Vice-chairs

- 2.6 The Committee shall appoint a Chair and up to two vice-Chairs at the beginning of the first meeting of each municipal year. This will be on a rotation basis and in borough alphabetical order. Therefore, following the local elections (Year 1 Barnet to chair the meetings) (Year 2 Camden to chair meetings) (Year 3 Enfield to chair meetings) (Year 4 Islington to chair meeting) then Haringey (year 1 2030 to chair meetings)

² The name and structure of HOSCs varies between Boroughs so, in this context, HOSC refers to the Scrutiny Committee or Panel that usually deals with health policy issues.

The administrative support for each municipal year will be provided by scrutiny officers in the chair's respective borough and they will take forward a handover of work with their counterpart colleague each year between April and June to allow continuity and effective progression of actions and responsibilities.

Quorum

- 2.7 The quorum for the Committee shall be:
- a) At least four members of the Committee; and
 - b) At least one member from at least four of the five Boroughs.

Substitutes & Co-opted members

- 2.8 Member substitutes from each authority will be accepted. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.
- 2.9 Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.
- 2.10 The Committee shall reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge to inform specific work streams or agenda items. Any co-opted member appointed will not be permitted to vote at meetings.

3 – Protocol for meetings

- 3.1 Meetings of the Committee will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and will be subject to these terms of reference.

Work programme

- 3.2 A schedule of meetings will be agreed by the Committee at the beginning of each municipal year. The Committee shall hold five ordinary meetings of the Committee in each municipal year.
- 3.3 The Committee may also hold up to two further meetings in each municipal year for the specific purpose of scrutinising the draft Quality Accounts produced annually by NHS Trusts in the NCL area.
- 3.4 In addition to ordinary meetings of the Committee, extraordinary meetings may be called from time to time as and when appropriate. An extraordinary meeting of the Committee may be called by the Chair after consultation with the vice-Chairs.
- 3.5 The Committee shall be regularly consulted on the setting of items for the agendas of future meetings through a standing item on the work programme at every ordinary meeting of the Committee. Members of the Committee can also submit suggestions for future agenda items to the Chair and vice-Chair(s) at any time.

- 3.6 The Chair and vice-Chair(s) will usually meet with senior representatives from the NCL ICB and any other relevant NHS organisations approximately 6-8 weeks in advance of an ordinary meeting of the Committee in order to determine the agenda for the meeting and the content of the reports. This should include consideration of any input from the other Committee members.

Meetings

- 3.7 Ordinary meetings of the Committee will normally be held at 10am and are typically scheduled to last for two and a half hours. The Committee may vary the scheduling and timings of the meetings as and when required.
- 3.8 The Committee will normally hold an informal private 30-minute meeting just before the main meeting, in order to allow Committee members to discuss any procedural issues and possible lines of enquiry relating to the reports in the agenda pack. The Committee may vary the arrangements for this as and when required.
- 3.9 The venues for meetings of the Committee will normally be rotated regularly across all five Boroughs in the NCL area.

Voting

- 3.10 The Committee will usually endeavour to reach its decisions by consensus. However, in the event that a vote is required, each Member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

Deputations/Questions

- 3.11 A deputation may be received by the Committee if a request stating the object of the deputation is received by the Chair and/or committee clerk at least three clear days prior to the meeting.
- 3.12 Up to 15 minutes shall usually be allocated to deputations on the Committee agenda.
- 3.13 The deputation spokesperson will be given five minutes to introduce the deputation referring to the matters in their deputation requisition. After this they may answer any questions from Committee members. The Chair will allocate a maximum amount of time for each deputation and will have regard to other items of business on the agenda when doing so.