



Haringey Council

Report for:	Overview and Scrutiny Committee – 12 March 2013	Item Number:	
Title:	North Central London Joint Health Overview and Scrutiny Committee (JHOSC) – Future Arrangements and Amended Terms of Reference		
Report Authorised by:	Cllr Reg Rice Chair, Overview and Scrutiny Committee		
Lead Officer:	Rob Mack, Senior Policy Officer (Scrutiny)		
Ward(s) affected:	Report for Key/Non Key Decisions:		

1. Describe the issue under consideration

- 1.1. Haringey is currently a member of the Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London. The other boroughs that are members are Barnet, Camden, Enfield and Islington.
- 1.2. The JHOSC was originally envisaged as time limited and it was therefore assumed that it would cease to exist once the new arrangements outlined in the Health and Social Care Act were implemented. The current terms of reference reflect this.
- 1.3. The JHOSC has considered its future operation and decided that there is likely to be an ongoing role for it and agreed therefore to recommend to constituent boroughs that it continues to meet, albeit on a less regular basis and subject to review after a year. If agreed by participating borough, this will also require the terms of reference to be updated to reflect the changes.
- 1.4. Under the terms of the Constitution, joint arrangements with other local authorities require the approval of full Council and therefore any changes to the terms of reference will need to be agreed by it.

2. Cabinet Member introduction

N/A



Haringey Council

3. Recommendations

3.1 That the Committee recommend to Council that the proposed arrangements, amended terms of reference and procedures for the JHOSC be agreed and implemented from the start of the new municipal year, subject to further review in a years' time.

4. Other options considered

N/A

5. Report

5.1 In January 2010, Chairs of health scrutiny committees in the NHS 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 to consider sector wide options for reconfiguring acute care. The proposals arising from this would have had wide ranging implications for NHS services across the sector and undoubtedly constituted a "substantial variation", thus requiring formal consultation and the establishment of a JHOSC.

5.2 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.

5.3 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.

5.4 The JHOSC agreed to broaden its scope 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. The revised arrangements and terms of reference were agreed by each of the Councils involved in the JHOSC.

5.6 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).



Haringey Council

5.7 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.

5.8 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.

5.9 The JHOSC met on 17 January and formally agreed to the recommend to each of the constituent boroughs that it continues its work on the basis described above. The following amended terms of reference were agreed:

- “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



Haringey Council

- 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. 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.
 4. 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.
 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”
- 5.1 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 it 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



Haringey Council

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.

6. Comments of the Chief Finance Officer and financial implications

6.1. The CFO has no additional comments to make

7. Head of Legal Services and legal implications

7.1 The Committee is asked to recommend to Council arrangements for the continued operation of the JHOSC (with amended terms of reference) effective from the start of the new municipal year.



Haringey Council

- 7.2 The change in arrangements to the operation of the JHOSC requires the approval of Council under the terms of the Constitution. The revised arrangements must also comply with the relevant provisions of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations) which come into effect on 1 April 2013.
- 7.3 The Regulations apply to defined health scrutiny functions (relevant functions) set out in Regulations 21-23, 26 and 27 and the JHOSC revised terms of reference must fall within the scope of the those functions.
- 7.4 Regulation 29(2)(b) provides that section 101 of the Local Government Act 1972 (which enables two or more local authorities to establish a joint committee) shall no longer apply to the discharge by a local authority of its health scrutiny functions.
- 7.5 The re-established JHOSC will therefore not be a joint committee appointed under section 102 of the Local Government 1972 Act to discharge functions under section 101 of that Act. Accordingly the JHOSC will not be subject to the voting requirements contained in Schedule 12 (paragraph 39) of the 1972 Act.
- 7.6 The JHOSC will be re-established under Regulation 30(1), which enables two or more local authorities to appoint a joint overview & scrutiny committee and arrange for health scrutiny functions to be exercisable by the joint committee, subject to such terms and conditions as the authorities consider appropriate. Under Regulation 30(6) the re-established JHOSC may not discharge any functions other than health scrutiny (relevant functions) in accordance with Regulation 30.

8. Head of Procurement Comments

N/A

9. Use of Appendices

N/A

10. Local Government (Access to Information) Act 1985

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013