

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

**7 February 2013**

## **Future Operation of the JHOSC - Review**

### **1. Introduction**

- 1.1. At the meeting of 17 January 2013, the JHOSC agreed amended terms of reference and procedures. It also agreed that these would be reviewed in a years time. This report proposes that the current arrangements continue without further change, subject to periodic review to ensure that they remain effective and to respond to any further changes that there might be to the NHS.

### **2. Recommendation**

- 2.1 That the current arrangements, terms of reference and procedures for the JHOSC be maintained subject to further periodic review; and
- 2.2 That a date be agreed for the first meeting of the JHOSC after the local government elections.

### **3. Report**

- 3.1. At the JHOSC seminar on 28 November 2012, Members of the JHOSC informally discussed whether there would still be a useful role for the JHOSC to undertake once the new arrangements and structures for the NHS were implemented from 1 April 2013. 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 that 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.
- 3.2. 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. 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.
- 3.3. The consensus was 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. The JHOSC meeting on 17 January formally approved the new arrangements for the JHOSC.
- 3.4. During the past year, the JHOSC has met slightly more frequently than was envisaged at the time and currently meets approximately every six weeks.

This is due to the number of issues that have arisen so far. It is hard to be certain as to whether this will continue but there are likely to be further reconfigurations of NHS services that affect all five boroughs involved in the JHOSC. There has also been an increase in the number of services that are commissioned on a cross borough basis. In addition, the Francis report has highlighted the responsibilities that HOSCs have in respect of providers of NHS services. Patients who use local acute services can come from a wide geographic area, including all five boroughs represented on the JHOSC. Scrutinising these services jointly may well be a more effective and efficient use of resources than each borough acting separately. Should the volume of issues requiring the JHOSC's attention decrease, the frequency of meetings can be reduced accordingly.

- 3.5. It is recommended that a date be set now for the first meeting of the JHOSC after the local government elections as this will assist with forward planning. The elections will take place on 22 May, which is slightly later than normal. Following this, sufficient time will need to be allowed for each borough to appoint its representatives to the JHOSC. It is therefore suggested that meeting should not be arranged before the start of July in order to ensure that each borough has been able to undertake the necessary action.