

**Report for:** Overview and Scrutiny Committee – 8 March 2016

**Item number:**

**Title:** North Central London Joint Health Overview and Scrutiny Committee (JHOSC) – Amended Terms of Reference

**Report authorised by :** Cllr Charles Wright, Chair of Overview and Scrutiny Committee

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**Ward(s) affected:** N/A

**Report for Key/  
Non Key Decision:**

## **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 has reviewed its operation and agreed its future role, focus and relationship with the five borough scrutiny committees. In the light of this, the terms of reference and procedural arrangements of the JHOSC have been updated. The changes were approved at its meeting on 29 January 2016, subject to further review in one years time.
- 1.3. 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

## **3. Recommendations**

- 3.1 That the Committee recommend to Council that the proposed arrangements, amended terms of reference and procedures for the JHOSC be approved, subject to further review in one years time.

## **4. Reasons for decision**

- 4.1 Under the terms of the Constitution, the amended terms of reference for the JHOSC require approval by full Council.

## **5. Alternative options considered**

N/A

## 6. Background information

- 6.1 The JHOSC provides an opportunity for Councils in the north central London area to use their health scrutiny resources more effectively by collaborating where there are matters that affect all participating boroughs. Collaboration can also increase the influence of health scrutiny by enabling boroughs to speak with one voice on relevant health issues. In addition, the JHOSC can also enable more effective use of NHS resources by enabling engagement by NHS health services with Health Overview and Scrutiny Committees (HOSCs) on relevant issues to be undertaken jointly rather than separately.
- 6.2 In order to achieve these benefits, it is important that the JHOSC focuses its attention on specific areas where it is able to exert the most influence and avoids duplication of work undertaken by local HOSCs. In the light of this, the JHOSC has reviewed its role and agreed the areas on which it intends to focus its attention in the immediate future.
- 6.3 It has been agreed by the JHOSC that it should focus on issues that relate to the coordination, collaboration and improvement of the health system across North-Central London. Examples of such issues are as follows:
- London devolution proposals;
  - Integrated commissioning of NHS 111 and Out of Hours GP services;
  - Primary care co-commissioning;
  - NCL collaborative working/commissioning;
  - Whole system collaboration;
  - Better Care Fund;
  - Clinical Pathways; and
  - Strategic Planning/Resilience Groups.
- 6.4 In addition, the JHOSC has agreed to continue its role in scrutinising specialised services that are commissioned across the whole of the north central London area. These are services for which there are comparatively small numbers of patients in each local authority area and are therefore commissioned jointly. Overall responsibility for this currently rests with NHS England.
- 6.5 Where NHS organisations propose substantial variations or reconfigurations of services, there is a requirement for a joint committee to be set up of all the local authorities affected. The JHOSC will continue to perform this role in respect of any proposals affecting north central London. It may also be necessary in such instances to also involve any other local authorities that are affected. This will remove the need to establish a fresh joint committee each and every time there is a need for formal consultation on a substantial variation or reconfiguration of NHS services affecting the area, which can be a time consuming process and cause delay.
- 6.6 Health overview and scrutiny committees also have a responsibility to scrutinise NHS acute providers. Those within the north Central London area all provide services for patients from a number of different boroughs. Whilst each borough can carry out scrutiny of such trusts separately, collaboration between different

HOSCs represented on the JHOSC represents a more effective means of fulfilling this responsibility, both in terms of cost and exerting influence.

## **7. Revised Terms of Reference**

7.1 Full Council approved the existing terms of reference for the JHOSC at its meeting on 20 May 2013. The review by the JHOSC of its role required the updating of its terms of reference and a small number of amendments to them were made as a consequence. The new terms of reference now require formal approval by Council.

7.2 The revised terms of reference, as agreed by the JHOSC at its meeting on 29 January 2016, are as follows:

1. "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;
2. 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 of the participating boroughs;
3. To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the area of Barnet, Camden, Enfield, Haringey and Islington;
4. The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
5. The joint committee 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 joint 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
6. 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."

## **8. Procedural Arrangements**

8.1 In terms of the procedural arrangements, the following was agreed:

*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 five 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*

Recommendations and reports from the JHOSC shall reflect the views of all participating boroughs. The JHOSC shall therefore aim to operate by consensus if at all possible. A vote shall therefore only be taken after every effort has first been taken to reach agreement.

### *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 some 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, the use of it will only be 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 will be 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. Support to the Chair of the JHOSC will be provided by the borough from which the Chair is from.

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.

## **9. Contribution to strategic outcomes**

- 9.1 The work of the JHOSC relates to closely to Priority 2: Outstanding for all: Enable all adults to live healthy, long and fulfilling lives

## **10. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

### **Finance and Procurement**

- 10.1 The Chief Finance Officer has been consulted in the preparation of this report and notes that it is proposed that the JHOSC will not incur costs other than in except in exceptional circumstances agreed in advance. Only those costs for which provision can be found from within existing budgets can be agreed to by this authority

### **Legal**

- 10.2 The Assistant Director of Corporate Governance has been consulted in the preparation of this report, and makes the following comments.
- 10.3 Overview and Scrutiny Committee (the Committee) has the Constitutional power to make recommendations to Full Council in connection with the discharge of any functions.
- 10.4 In addition, the Committee also has the Constitutional power to review and scrutinise matters relating to the health service and all NHS funded services within the Borough. Accordingly, the Committee has the power to adopt the recommendation contained in this report.

## **Equality**

- 10.6 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
  - Advance equality of opportunity between people who share those protected characteristics and people who do not;
  - Foster good relations between people who share those characteristics and people who do not.
- 10.7 The work of the JHOSC should address the above mentioned duties by considering them within its work plan and individual pieces of work. This should include considering and clearly stating;
- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
  - Whether the impact on particular groups is fair and proportionate;
  - Whether there is equality of access to services and fair representation of all groups;
  - Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.

## **11. Use of Appendices**

None

## **12. Local Government (Access to Information) Act 1985**