

North West London Joint Health Overview and Scrutiny Committee

Date:	18 September 2018
Classification:	General Release
Title:	JHOSC Terms of Reference
Report of:	Officers for JHOSC
Policy Context:	Policy development
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1. Executive Summary

The committee is committed to reviewing its remit each year as set out in the following report.

2. Key matters for the NWL JHOSC's consideration

Members should:

- Consider and discuss the report
- Propose any changes to the Terms of Reference as stated below

3. Background

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) was formed by the London Boroughs of North West London at the request of NHS North West London as part of the statutory consultation process for *Shaping a Healthier Future (SaHF)*. The JHOSC held its first meeting in July 2012 and completed its review of the hospital reconfiguration consultation in November 2012 with the submission of its final report to the NHS. This submission completed the JHOSCs statutory role in the reconfiguration process.¹

In November 2013, following the final decision on the structure of the reconfiguration setting out which hospitals would be developed as major and local hospitals, the North West London Collaboration of Clinical Commissioning Groups submitted a report to the JHOSC requesting

¹ Local authorities are required to appoint joint scrutiny committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals. When the joint scrutiny committee completes its review they can submit recommendations to the NHS body with the health service required to respond to these recommendations.

that the JHOSC continued to provide a forum where issues relating to *SaHF*, which cross borough boundaries, could be scrutinized and discussed. This was agreed by the JHOSC.

Current Status

The rationale for reconfirming the terms of reference and agreeing a structured work programme is to provide a clear understanding for all stakeholders of the role and remit of the JHOSC. The areas of the *SaHF* programme that it wishes to focus on, and provide member boroughs with an indication of the timelines and resources required to ensure the JHOSC can effectively fulfil its remit. Undertaking this area of work planning is particularly relevant following the local elections which has resulted in a number of changes being made to the membership of the JHOSC.

Terms of Reference

The terms are also guided by the Department of Health's recently issued new guidance for health scrutiny. This guidance states that the primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their 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.

Membership

Membership of the JHOSC will be two members from each participating council. In terms of voting rights each borough will have one vote. Individual boroughs may nominate members to be their second representative as a non-voting member (only elected members may vote on behalf of a borough).

Quorum

The committee will require at least six members in attendance to be quorate.

Chair and Vice Chair

The JHOSC will elect its own chair and vice chair.

Elections will take place on an annual basis each May, or as soon as practical thereafter, such as to allow for any annual changes to the committee's membership.

Duration

The planned implementation timeframe for *SaHF* runs up to 2018. It is proposed that the JHOSC operates alongside the implementation programme up to 2018 with its duration expanded should the *SaHF* programme run beyond this date.

It is important the JHOSC operates on the basis of being able to contribute to the effective scrutiny of cross-borough issues relating to *SaHF* and provides a forum for cross borough engagement and consultation between its member local authorities, and health service commissioners and providers. As such, it is proposed that the committee will also hold an annual review in May each year, or as soon as practical thereafter, where it will consider and decide whether there is a need for the JHOSC to continue or whether it has fulfilled its remit and should terminate earlier than 2018. This would not preclude individual local authorities from giving notice at the JHOSC annual meeting of their intention to withdraw from the

JHOSC. Should there be any proposals for a JHOSC beyond this date, this would be considered by each participating authority in line with its own constitution and policies.

Terms of Reference of the JHOSC

1. To scrutinise the 'Shaping a Healthier Future' reconfiguration of health services in North West London; in particular the implementation plans and actions by the North West London Collaboration of Clinical Commissioning Groups (NWL CCGs), focussing on aspects with cross borough implications.
2. To make recommendations to NWL CCGs, NHS England, or any other appropriate outside body in relation to the 'Shaping a Healthier Future' plans for North West London; and to monitor the outcomes of these recommendations where appropriate.
3. To require the provision of information from, and attendance before the committee by, any such person or organisation under a statutory duty to comply with the scrutiny function of health services in North West London.

The stated purpose of the JHOSC is to consider issues with cross-borough implications arising as a result of the Shaping a Healthier Future reconfiguration of health services, taking a wider view across North West London than might normally be taken by individual Local Authorities.

At each annual meeting the JHOSC will develop, in consultation with the North West London Collaboration of Clinical Commissioning Groups, a work programme for the forthcoming municipal year based upon their agreed remit.

Individual local authority members of the JHOSC will continue their own scrutiny of health services in, or affecting, their individual areas (including those under 'Shaping a Healthier Future'). Participation in the JHOSC will not preclude any scrutiny or right of response by individual boroughs.

In particular, and for the sake of clarity, as the JHOSC is a discretionary joint committee is not appointed for and nor does it have delegated to the functions or powers of the local authorities, either individually or jointly, under Section 23(9) of the local authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

This means that in accordance with the Regulations and subsequent non-statutory guidance the power of referral to the Secretary of State is not delegated to the JHOSC but retained by individual boroughs.

If you have any queries about this Report, please contact
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