



**Full Council**  
10 July 2023

**Report from the Corporate Director,  
Governance**

**Changes to Terms of Reference (ToR) for the North West London Joint Health Overview & Scrutiny Committee and Appointment to Committee**

<b>Wards Affected:</b>	N/A
<b>Key or Non-Key Decision:</b>	Council
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	One Appendix A Proposed changes to Terms of Reference
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Debra Norman, Corporate Director, Governance E: Debra.norman@brent.gov.uk T: 0208 937 1578

**1.0 Summary**

1.1. This report proposes changes to the Terms of Reference (ToR) of the North West London Joint Health Overview and Scrutiny Committee (“NWL JHOSC”).

**2.0 Recommendations**

2.1 To agree (a) the updated Terms of Reference and (b) that these replace the current Terms of Reference included in Part 4 of the London Borough of Brent’s Constitution as set out in Appendix A.

**3.0 Background**

3.1 The Terms of Reference have been developed and agreed by the NWL JHOSC and, once formally agreed by Full Council, will be set out in Part 4 of the Council’s Constitution: Terms of Reference for Council Committees and Sub-Committees.

3.2 The London Borough of Brent is a member of the NWL JHOSC and the changes to the ToR were agreed by the JHOSC to reflect the changes in the North West London Health sector landscape with the introduction of the Integrated Care

Systems (ICS) in local areas. It also clarifies in writing the current status where participation in the JHOSC will not preclude any scrutiny or right of response by individual boroughs.

3.3 The changes in paragraphs 1-4 of the Terms of Reference (ToR), set out in Appendix 1, reflect the following:

- a) The Health and Care Act 2022 led to the creation of Integrated Care Systems (ICS) in local areas, which are now fully implemented. This includes replacing Clinical Commissioning Groups with the North West London Integrated Care System (i.e. the Integrated Care Board) and the establishment of the Integrated Care Partnership. In North West London, the ICS includes eight local authority areas, which are all represented as voting members of the North West London JHOSC.
- b) Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
- c) Integrated Care Boards are statutory NHS organisations that are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care Systems area.

3.4 Paragraph 5 and the amended ToR reflect the existing status and practice of the JHOSC:

*“Participation in the Joint Health Overview and Scrutiny Committee will not preclude any scrutiny or right of response by individual boroughs. In particular, and for the sake of clarity, this joint committee is not appointed for and nor does it have delegated to it any of the functions or powers of the local authorities, either individually or jointly, under Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013”.*

#### **4.0 Legal implications**

4.1 The North West London Joint Health Overview and Scrutiny Committee is appointed under the provisions of regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 (‘the 2013 Regulations’), which provides that two or more local authorities may appoint a joint overview and scrutiny committee of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercisable by the joint committee subject to such terms and conditions as the authorities may consider appropriate.

4.2 Regulation 23 of the 2013 Regulations provides that, where a responsible person has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such service, they must consult the authority. The proposed revisions to the joint committee’s terms of reference retains the requirement that individual member authorities be consulted in relation to substantial developments and variations in the provision of health services in their local authority area.

- 4.3 The proposed changes to the joint committee's terms of reference reflect legislative changes introduced by the Health and Care Act 2022, which provides a new legislative framework to facilitate greater collaboration between the NHS, local government, and other partners.
- 4.4 The 2022 Act introduced Integrated Care Systems (ICSs) in local areas, which are partnerships bringing together providers and commissioners of NHS services across a specific geographical area with Local Authorities and other local partners to collectively plan health and care services to meet the needs of their population and reduce health inequalities.
- 4.5 ICSs have two statutory components, the Integrated Care Board (ICB) and Integrated Care Partnership (ICP), which have strategic oversight of the system.
- a) ICBs bring the NHS together locally to plan to meet population health needs, allocate resources, ensure that services are in place, facilitate the transformation of services, co-ordinate and improve people and culture development, and oversee the delivery of improved outcomes for the population. Local Authorities are represented on these boards. Clinical Commissioning Groups (CCGs) were abolished, and their functions transferred to ICBs.
  - b) ICPs are a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the ICB. ICPs have a specific responsibility to develop an 'integrated care strategy' for the whole ICS population covering health and social care, and addressing wider determinants of health and wellbeing – such as employment, environment, and housing.

## **5.0 Financial Implications**

- 5.1 No specific financial implications arise from this report.

## **6.0 Diversity Implications**

- 6.1 Under Section 149 of the Equality Act 2010, the Council has a duty when exercising their functions to have 'due regard' to the need:
- a) to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
  - b) advance equality of opportunity; and
  - c) foster good relations between those who share a "protected characteristic" and those who do not.

This is the Public Sector Equality Duty (PSED). The 'protected characteristics' are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation

- 6.2 No equalities implications are considered to arise from this report.

## **7 Background Papers**

7.1 Not applicable.

**Report sign off:**

**Debra Norman**  
Corporate Director Governance