

# Oxfordshire Joint Health Overview & Scrutiny Committee

## Friday, 12 March 2021

### ADDENDA

#### 4. Joint Health Overview and Scrutiny Committee (Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham) Terms of Reference (Pages 1 - 16)

To consider amendments to the Terms of Reference to recommend to the March meeting of Full Council.

*The Committee is RECOMMENDED to*

- a) ***SUPPORT the revisions to the draft Terms of Reference for a health scrutiny committee for health system-wide issues across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area.***
- b) ***RECOMMEND that the revisions to the Terms of Reference are approved by Council.***
- c) ***RECOMMEND that a delegation is sought from Council to enable the Monitoring Officer, in consultation with the Chairman and Deputy Chairman of the Oxfordshire Joint Health Overview Scrutiny Committee, to make minor changes to the Terms of Reference after 23 March 2021 should other BOB councils request them as part of their own approval process.***

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**Divisions Affected - ALL**

## **OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**12 March 2021**

### **HEALTH SCRUTINY ARRANGEMENTS FOR OXFORDSHIRE**

**Report by Director for Law & Governance and Monitoring Officer**

#### **RECOMMENDATION**

1. **The Committee is RECOMMENDED to**
  - a) **SUPPORT the revisions to the draft Terms of Reference for a health scrutiny committee for health system-wide issues across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area.**
  - b) **RECOMMEND that the revisions to the Terms of Reference are approved by Council.**
  - c) **RECOMMEND that a delegation is sought from Council to enable the Monitoring Officer, in consultation with the Chairman and Deputy Chairman of the Oxfordshire Joint Health Overview Scrutiny Committee, to make minor changes to the Terms of Reference after 23 March 2021 should other BOB councils request them as part of their own approval process.**

#### **Executive Summary**

2. In 2020 both Oxfordshire Joint Health Overview and Scrutiny Committee<sup>1</sup> and Oxfordshire's Council<sup>2</sup> approved in principle Terms of Reference for a new health overview scrutiny committee which will scrutinise system-wide health issues across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area.

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<sup>1</sup> Oxfordshire Joint HOSC meeting, 26 November 2020, agenda item 47/20:  
[https://mycouncil.oxfordshire.gov.uk/documents/s54280/CC\\_DEC0820R03%20-%20HOSC%20BOB%20-%20Annex%201.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s54280/CC_DEC0820R03%20-%20HOSC%20BOB%20-%20Annex%201.pdf)

<sup>2</sup> Oxfordshire County Council meeting, 8 December 2020, agenda item 78/20:  
[https://mycouncil.oxfordshire.gov.uk/documents/s54280/CC\\_DEC0820R03%20-%20HOSC%20BOB%20-%20Annex%201.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s54280/CC_DEC0820R03%20-%20HOSC%20BOB%20-%20Annex%201.pdf)

3. This report seeks Oxfordshire JHOSC's support for revisions to those Terms of Reference, which were proposed jointly at a meeting of HOSC Chairs and scrutiny officers in the relevant 5 BOB local authorities on 5 February 2021.

## **Background**

4. Health Services have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
5. Oxfordshire has a Joint HOSC which scrutinises almost all health and wellbeing issues for the county of Oxfordshire. The exception to this is a separate committee constituted in 2018, known as the Horton HOSC, which with Northamptonshire County Council and Warwickshire County Council exists to scrutinise NHS proposals related to the Horton General Hospital.
6. In response to the development of an Integrated Care System (ICS) across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint, a health scrutiny committee is needed for the patient-flow geography impacted by service changes at a BOB-level. This includes the authorities of Buckinghamshire Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.
7. This paper concerns revisions to the BOB HOSC Terms of Reference which were proposed by the 5 BOB local authorities at a meeting of their HOSC Chairs and scrutiny officers on 5 February 2021.
8. In order for the establishment of BOB HOSC to proceed the revisions to the Terms of Reference require agreement by both Oxfordshire Joint HOSC and Full Council. The revised Terms of Reference in entirety will also then require approval by the Councils of the other BOB local authorities.
9. Subject to Oxfordshire Joint HOSC's consideration the revisions would be scheduled for approval at the Council's meeting on 23 March 2021. Other BOB local authorities are due to consider the revised Terms of Reference for approval at Council meetings between now and May.
10. This report sets out the revisions to the Terms of Reference, which can be found in Annex A. Annex A includes first a "clean" version of the revised Terms of Reference, showing how the Terms of Reference would look if the Committee were to accept all revisions, and second a version of the Terms of Reference with the proposed revisions visible.

## Key issues

11. Health scrutiny powers are held by county and unitary local authorities. Chief among health scrutiny powers is the ability to:
  - a) Require officers of NHS bodies to attend committee meetings.
  - b) Require the local NHS to provide information about the planning, provision and operation of the health service in the area.
  - c) Make reports and recommendations to NHS bodies.
  - d) Refer proposals for substantial changes to health services to the Secretary of State for decision if the committee believes the consultation has been inadequate, if there were inadequate reasons for not consulting, or if the proposals would not be in the interests of the local health service.
  - e) The NHS is obliged to consult the HOSC on any substantial changes it wants to make to local health services, in addition to its wider responsibility to involve and consult the public.
12. For Oxfordshire County Council, health scrutiny powers are primarily discharged through the Oxfordshire Joint HOSC. This joint committee comprises members from the county council, Oxfordshire district and city councils and co-opted non-voting members. A separate committee constituted in 2018 with Warwickshire County Council and Northamptonshire County Council, known as the Horton HOSC, scrutinises NHS proposals related to the Horton General Hospital.
13. The background to, and need for, a new joint BOB HOSC are set out in full in the paper for Oxfordshire Joint HOSC's 26 November 2020 meeting.<sup>3</sup>
14. Oxfordshire Joint HOSC's approval of the draft BOB HOSC Terms of Reference on 26 November 2020, and Council's subsequent approval in principle on 8 December 2020, were the first formal endorsements of BOB HOSC's scope, membership and functions.

## Revisions to the Terms of Reference

15. The Terms of Reference agreed by Council in December 2020 were subsequently discussed on 5 February 2021 by the HOSC Chairs and supporting officers of the 5 BOB local authorities. In discussion, revisions were requested relating to three elements of the Terms of Reference:
  - Membership of the BOB HOSC
  - BOB HOSC's use of co-opted members
  - The need for the Terms of Reference to recognise "locality" as a tier of health and care provision

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<sup>3</sup> Oxfordshire Joint HOSC meeting, 26 November 2020, agenda item 47/20: [https://mycouncil.oxfordshire.gov.uk/documents/s54280/CC\\_DEC0820R03%20-%20HOSC%20BOB%20-%20Annex%201.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s54280/CC_DEC0820R03%20-%20HOSC%20BOB%20-%20Annex%201.pdf)

16. The proposed revisions can be seen as tracked changes in the Terms of Reference in Annex A of this paper. Commentary on the revisions follows.
17. Membership of BOB HOSC set out in the original Terms of Reference is proportionate to the population size across the BOB ICS footprint: 7 members for Oxfordshire, 6 for Buckinghamshire and 6 across Berkshire West (i.e. 2 for West Berkshire, 2 for Reading and 2 for Wokingham). At the 5 February meeting it was noted that allowing substitutions would be helpful to those councils with smaller memberships, would allow flexibility and would ensure that meetings were quorate with all authorities being represented.
18. The issue of co-opted members for BOB HOSC was discussed. While it was agreed that co-opted members bring many benefits to HOSC work, involvement of co-opted members in health scrutiny differed across the geographical footprint, those attending the 5 February meeting agreed that BOB HOSC should have the power to appoint co-opted members but should not be obliged to do so. It was also agreed that Healthwatch should be acknowledged as a key stakeholder (not a co-opted member) with a standing item on the BOB HOSC agenda.
19. It was agreed that the Terms of Reference should recognise "Locality" as an additional tier of health and care provision alongside System, Place and Neighbourhood in Berkshire West. The change was made during the 5 February meeting with further explanatory text added immediately afterwards.

## **Financial Implications**

20. This report raises no new or additional financial implications.  
(Comments checked by Hannah Doney, Head of Corporate Finance)

## **Legal Implications**

21. This report raises no new or additional legal implications.  
(Comments made by Anita Bradley, Monitoring Officer)

## **Next steps**

22. If Oxfordshire Joint HOSC agrees, the revisions to the Terms of Reference will be considered for approval by County Council on 23 March 2021.
23. The revised Terms of Reference will be considered for approval by the other BOB local authorities. The indicative timetable for this is as follows:
  - Buckinghamshire: the revised Terms of Reference have been agreed by the Health & Adult Social Care Select Committee, with delegation given to the

HASC Chairman to make any minor changes before going to Full Council on 21 April.

- West Berkshire: the revised Terms of Reference were approved at a scrutiny meeting on 9 February and are scheduled to go to Full Council on 4 May.
- Reading: the revised Terms of Reference will go to the relevant Committee on 30 March and to the Annual Council Meeting on 26 May.
- Wokingham: the timetable is being determined now. Wokingham's Council next meets on 18 March and 20 May.

ANITA BRADLEY

Director for Law & Governance and Monitoring Officer

Annex A: BOB HOSC Terms of Reference including proposed revisions

Contact Officers: Glenn Watson, Principal Governance Officer  
[glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk)

Steven Fairhurst Jones, Senior Policy Officer  
[Steven.fairhurstjones@oxfordshire.gov.uk](mailto:Steven.fairhurstjones@oxfordshire.gov.uk)

March 2021

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**ANNEX A – proposed revisions to the BOB HOSC Terms of Reference**

This annex is in two parts:

- A. The Terms of Reference as they would look if the Oxfordshire Joint HOSC were to accept all revisions proposed by BOB HOSC Chairs
- B. The Terms of Reference with the proposed revisions visible, for ease of reference.

Both versions in this annex are the Terms of Reference as approved by Oxfordshire’s Council on 8 December 2020, updated with revisions emerging from the 5 February 2021 meeting of BOB HOSC Chairs.

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**Joint Health Overview and Scrutiny Committee (Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham) Draft Terms of Reference - version A with proposed changes accepted**

**Purpose**

1. Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
2. The NHS Long-Term Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place, Locality and Neighbourhood level (see definitions below). The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.
3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in legislation and guidance and to allow it to operate as a mandatory committee.

**Terms of Reference**

4. The new JHOSC will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to activities delivered at system level (as detailed below) by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
5. The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three tiered model – System, Place and Neighbourhood:
  - System - typically covering a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and

performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.

- Place – a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.
  - Neighbourhood – a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.
6. In addition, a fourth Locality tier operates below the 'Place' tier, but only within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.
  7. Activities at Place, Locality and Neighbourhood would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.
  8. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:
    - a. make comments on the proposal consulted on
    - b. require the provision of information about the proposal
    - c. gather evidence from key stakeholders, including members of the public
    - d. require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
    - e. Refer to the Secretary of State only on where it is not satisfied that:
      - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
      - the proposal would not be in the interests of the health service in the area
      - a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.

9. Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.
10. With the exception of those matters referred to in paragraph [ 3 ] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.
11. The process for determining the appropriate level of scrutiny – ie. System or Place/Locality/Neighbourhood will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.
12. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

#### **Governance**

13. Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

#### **Frequency of meetings**

14. The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

#### **Host authority**

15. The JHOSC would be hosted by one of the named authorities. The role of host authority would be undertaken by the chairing authority for the same time period [24 months].

#### **Membership**

16. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.
17. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.
18. Appointments by each authority to the JHOSC will reflect the political balance of that authority.

19. The quorum for meetings will be 6 voting members, comprising at least one member from each authority. Member substitutes from each authority will be accepted.
20. The JHOSC shall reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge onto the committee to inform specific work streams or agenda items. Any co-opted member appointed will not have a vote.
21. The five Healthwatch organisations shall be recognised as key stakeholders and a standing item will be included on the JHOSC agenda to allow the organisations to report back on patient and public views from across the ICS.

#### **Chairman & Vice Chairman**

22. The Chairman of the JHOSC shall be drawn from the members of it and will normally be filled by the member whose authority is hosting the Committee for a period of 24 months.
23. The Vice-Chairman of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

#### **Task & Finish Groups**

24. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political and geographical balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

#### **Committee support**

25. The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
26. Meetings of the committee are to be arranged and held by the host authority.
27. Should a press statement or press release need to be made by the JHOSC, this will be approved all authorities before being signed off by the Chairman.

**Joint Health Overview and Scrutiny Committee (Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham) Draft Terms of Reference – version B with proposed changes visible for ease of reference**

**Purpose**

1. Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
2. The NHS Long-Term Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place, Locality and Neighbourhood level (see definitions below) ~~— and, in recognition of the slight differences across the ICS footprint, also, at Locality level.~~ The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.
3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in legislation and guidance and to allow it to operate as a mandatory committee.

**Terms of Reference**

4. The new JHOSC will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to activities delivered at system level (as detailed below) by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
5. The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three tiered model – System, Place and Neighbourhood:-
  - System - typically covering a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and

performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.

- Place – a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.
- Neighbourhood – a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.

6. In addition, a fourth Locality tier operates below the 'Place' tier, but only within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.

6.7. Activities at Place, Locality and ~~and~~ Neighbourhood ~~(and Locality)~~ would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.

7.8. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:

- a. make comments on the proposal consulted on
- b. require the provision of information about the proposal
- c. gather evidence from key stakeholders, including members of the public
- d. require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
- e. Refer to the Secretary of State only on where it is not satisfied that:
  - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
  - the proposal would not be in the interests of the health service in the area
  - a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.

~~8-9.~~ Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.

~~9-10.~~ With the exception of those matters referred to in paragraph [ 3 ] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

~~10-11.~~ The process for determining the appropriate level of scrutiny – ie. System or Place/Locality/Neighbourhood/Locality will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.

~~11-12.~~ No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

### Governance

~~12-13.~~ Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

### Frequency of meetings

~~13-14.~~ The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

### Host authority

~~14-15.~~ The JHOSC would be hosted by one of the named authorities. The role of host authority would be undertaken by the chairing authority for the same time period [24 months].

### Membership

~~15-16.~~ Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.

~~16-17.~~ Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.



~~17.18.~~ Appointments by each authority to the JHOSC will reflect the political balance of that authority.

~~18.19.~~ The quorum for meetings will be 6 voting members, comprising at least one member from each authority. Member substitutes from each authority will be accepted.

~~20.~~ ~~The JHOSC shall appoint two co-opted members to the committee<sup>1</sup>.~~ The JHOSC shall ~~also~~ reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge onto the committee to inform specific work streams or agenda items. Any co-opted member appointed will not have a vote.

~~19.21.~~ The five Healthwatch organisations shall be recognised as a key stakeholders and a standing item will be included on the JHOSC agenda to allow the organisations to report back on patient and public views from across the ICS.

### Chairman & Vice Chairman

~~20.22.~~ The Chairman of the JHOSC shall be drawn from the members of it and will normally be filled by the member whose authority is hosting the Committee for a period of 24 months.

~~21.23.~~ The Vice-Chairman of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

### Task & Finish Groups

~~22.24.~~ The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political and geographical balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

### Committee support

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<sup>1</sup> *There is provision for two co-opted members on the BOB HOSC. One of these places will be offered to Healthwatch to represent patients and the public; it will be for Healthwatch across the BOB geography to discuss and determine whether this is the most effective way to have patient and public views feeding into the committee. If co-opted membership is deemed not to be the most appropriate role for Healthwatch; a standing item on BOB HOSC agendas will be created to allow for Healthwatch to report patient and public views across the ICS. Vacant co-opted seats on the committee will be advertised and appointed to by the BOB HOSC committee as necessary.*

~~23-25.~~ The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.

~~24-26.~~ Meetings of the committee are to be arranged and held by the host authority.

~~25-27.~~ Should a press statement or press release need to be made by the JHOSC, this will be approved all authorities before being signed off by the Chairman.

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