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 Council were to accept all proposed revisions

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.

Revisions in this annex were approved by Oxfordshire Joint HOSC on 12 March 2021.

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

Purpose

1. Health Services are required to consult a local authority's Heath 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.

Chair & Vice Chair

22. The Chair 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 Chair 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 by all authorities before being signed off by the Chair.

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 Heath 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[1].~~ 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~~Chair & ~~Vice Chairman~~Vice Chair

~~20.~~22. The ~~Chairman~~Chair 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~~Vice Chair 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

~~[1] *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 by all authorities before being signed off by the ~~Chairman~~Chair.