

# HUMBER AND LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE.

## 1. Background

- 1.1 In response to the Health and Care Act it is proposed to formally establish a temporary Joint Health Overview and Scrutiny Committee (JHOSC) with associated flexibilities as a mechanism to ensure local democratic accountability.
- 1.2 Previously, an NHS Body (designated 'r') would be responsible for consulting a relevant Health Overview and Scrutiny Committee (HOSC) on proposals for substantial development or variation. In practice, locally, this meant that the relevant CCG would have the responsibility to consult its local HOSC. This could lead to difficulties as services could be planned and delivered on a wider footprint.
- 1.3 The Act moves the responsibilities of 'r' around consultation and engagement to the relevant Integrated Care System (ICS). This wider organisational footprint requires a corresponding JHOSC in order to deal with substantial developments or variations of service.
- 1.4 The JHOSC will be temporary in nature in order to respond to forthcoming proposals on substantial developments and variations to health services in the Humber and Lincolnshire geographical area. The proposals and related engagement and consultation will be led by Humber and North Yorkshire Health and Care Partnership.
- 1.5 Nothing in this document removes the ability of individual councils' HOSCs to conduct their usual work. The majority of services will be planned and delivered at the 'place' level, and HOSCs can and will continue to scrutinise and review these services.
- 1.6 This agreement does not replace the existing agreement that is in place on the Humber and North Yorkshire footprint.

## 2. Proposals

- 2.1 It is proposed to set up a flexible Humber and Lincolnshire JHOSC made up of the five upper tier Local Authorities:
  - East Riding of Yorkshire Council
  - Hull City Council
  - Lincolnshire County Council
  - North East Lincolnshire
  - North Lincolnshire Council

- 2.2 The proposed JHOSC may also co-opt representatives of other councils or other organisations such as patient representatives, Healthwatch members, specialist witnesses or advisers etc. on a non-voting basis.
- 2.3 There may also be times where it makes sense to work at a sub-regional level, such as a Trust-wide footprint. In such circumstances, councils can delegate their responsibilities to a working group of the JHOSC, made up of the HOSCS that are particularly effected. However, it is anticipated that this arrangement may be rare, as all councillors are likely to take an interest in the wider system. In such circumstances, ad-hoc Terms of Reference would be agreed and adopted by the sub-committee. The role of responding to formal consultations remains with the Humber and Lincolnshire JHOSC
- 2.4 It is proposed that three members be appointed from each of the councils in the Humber and Lincolnshire area. These would typically be HOSC members, including the Chairs, but that is a matter for individual councils. The only restrictions would be that the members would not be drawn from the respective council's Cabinet, and members must not sit on the ICS or its statutory ICB/ICP committees. Substitutes would be allowed, and would be arranged on a meeting-by-meeting basis.
- 2.5 Where councils from outside the patch are invited to co-opt members, this would be on the basis of one councillor per authority. This councillor would not have voting rights, but could participate fully in any discussion and would retain the same rights to access information.
- 2.6 Quoracy would be one third of the total membership of the JHOSC or sub-committee, including at least one member from each of the authorities involved.
- 2.7 Practically, meetings of the JHOSC would rotate around the agreed patch. The host authority would provide a Chair, meeting venue, administration etc. and meetings would proceed in accordance with the host authority's usual constitutional arrangements.
- 2.8 Meetings of the JHOSC or its sub-committees would typically focus only on statutory consultations on substantial developments or variations of service, as led by the ICS.
- 2.9 The JHOSC holds the ability to make a referral to the Secretary of State where it's believed that (i) the consultation is inadequate, or (ii) the proposals are not in the interests of the local area. There are no powers to call-in decisions taken by the NHS. The JHOSC also retains the ability to write to, or lobby the Secretary of State or any other individual, publicly scrutinise proposals, publicise their response to consultations, or take any action as deemed appropriate.
- 2.10 As set out in paragraph 1.4, each council's HOSC will continue to be the main body to ensure local democratic accountability, and will wish to scrutinise the work of the Place Partnership as well as local services. Members can also require the attendance of ICS representatives to support this local work.

### **3. Draft Terms of Reference**

- 3.1 The Humber and Lincolnshire Joint Health Overview and Scrutiny Committee (the JHOSC) is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218.

The participating authorities are:

- East Riding of Yorkshire Council
- Hull City Council
- Lincolnshire County Council
- North East Lincolnshire
- North Lincolnshire Council

The participating authorities authorise the JHOSC to discharge the overview and scrutiny functions related to engagement and statutory consultations on substantial developments or variations to local health, or integrated health and care services.

- 3.2 The JHOSC will comprise three members of each of the above local authorities, nominated by each council on a politically proportionate basis. The full JHOSC will only convene in the event that a response is required to an issue affecting all five local authority areas.
- 3.3 Sub-Committees of the JHOSC may be convened when a response is required to an issue affecting two or more of the five local authority areas. Sub-Committees' membership will typically comprise the three nominated members from each of the affected local authorities in any relevant combination, although this is a matter for local determination. The Sub-Committee would report up to the full JHOSC.
- 3.4 The JHOSC may appoint working groups on a particular footprint if thought appropriate. They will also report up to the full JHOSC.
- 3.5 The JHOSC may co-opt members from other local authorities on a non-voting basis, if thought appropriate. This is limited to one member per authority. The JHOSC may also co-opt other non-voting individuals, or appoint advisors, arrange discussions with interested parties etc. as deemed necessary. Other councils, in particular York City Council and North Yorkshire Council, will be kept informed of the JHOSC's work, as deemed appropriate.
- 3.6 The JHOSC will be hosted on a rotational basis to be agreed by members. The host authority will provide the Chair, venue, administrative support etc. All meetings will comply with the relevant constitutional arrangements and practices of the host. Sub-Committees will also act in accordance with these arrangements.

- 3.7 Given the rotational nature of the JHOSC it would not be appropriate for the Chair to have a casting vote. Any formal votes would therefore be dealt with on a simple majority basis. However, all efforts will be made to seek consensus amongst the JHOSC members. There is no provision for minority reports, although any member can request that their abstention or opposition to any outcome be noted.
- 3.7 Members will be expected to comply with usual standards of behaviours, as set out in their authority's Code of Conduct and the Nolan Principles.
- 3.8 The JHOSC will operate in accordance with usual scrutiny practices, requesting information and arranging interviews with key figures from the ICS (including the Integrated Care Board and the Integrated Care Partnership), Place Based Partnerships, providers, and other interested parties. The JHOSC is likely to consider the following issues when substantial developments and variations are proposed:
- Access for patients and their families/carers,
  - The views of the public, patients, and their families/carers,
  - The impact of the proposals for patients and their families/carers,
  - The impact of the proposals on the local health economy,
  - The effect on each area's economy, health, and wellbeing,
  - Alignment with each area's Joint Local Health and Wellbeing Strategy, the Joint Forward Plan, the Integrated Care Strategy and any other document as deemed appropriate.
- 3.9 These Terms of Reference will be updated as required. Each council will be consulted as part of this process.