

## **NORTH LINCOLNSHIRE COUNCIL**

### **HEALTH SCRUTINY PANEL**

## **ESTABLISHMENT OF A JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 It is proposed to establish a Joint Health Overview and Scrutiny Committee (JHOSC) for the Humber, Coast & Vale area. This is in response to forthcoming changes around responsibility for NHS bodies to consult on substantial developments or variations to service.
- 1.2 This will ensure that major changes to NHS services can be effectively and legally scrutinised by elected members.

### **2. BACKGROUND INFORMATION**

- 2.1 Proposals in the Health Bill, currently before Parliament, move the responsibility for consulting on major changes to NHS services from Clinical Commissioning Groups to Integrated Care Systems (ICS).
- 2.2 The local ICS is on a wider footprint, consisting of the Humberside Area, York, and parts of North Yorkshire. As such, there will be a legal requirement to establish a JHOSC in order to respond to any formal health consultations.
- 2.3 Discussions have taken place amongst officers at the following local authorities:
  - North Lincolnshire Council
  - North East Lincolnshire Council
  - East Riding of Yorkshire Council
  - Hull City Council
  - North Yorkshire County Council
  - City of York Council

- 2.4 A working draft agreement is currently being consulted on (see Appendix 1). This would establish a standing JHOSC, comprising three elected members of all six local authorities (plus one non-voting member from Lincolnshire County Council), with maximum flexibility for the JHOSC to delegate dealing with consultations as considered appropriate. Ultimate responsibility would be retained by the JHOSC.
- 2.5 North Lincolnshire Council's Health Scrutiny Panel would largely continue to operate as normal, and it is anticipated that the JHOSC is only convened in the event of a major consultation on a substantial development or variation of NHS services.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 This paper is intended to update the Health Scrutiny Panel on the local and regional situation.
- 3.2 Any amendments to local governance issues would need to be ratified by Council in North Lincolnshire, and by each participating local authority.

### **4. ANALYSIS OF OPTIONS**

- 4.1 Establishing a JHOSC will be a legal requirement. However, there is flexibility in how this is done.
- 4.2 It is considered that the draft agreement ensures that legal responsibility is retained by the entire JHOSC, whilst allowing maximum flexibility for the JHOSC to delegate ownership of a consultation to a smaller sub-committee of local authority scrutiny members. This reflects the expectation that consultations are likely to impact on some geographical areas more than others.

### **5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 There are likely to be resource implications of establishing a JHOSC, mainly around member and officer time, hosting of meetings, etc. It is proposed that these be minimised by rotating meetings and lead authority responsibility around the patch, taking into account the flexibilities set out in paragraph 4.2

### **6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 There are no relevant implications related to crime and disorder or environmental issues.

- 6.2 Establishing the JHOSC would minimise the risk of a legal challenge to any findings and recommendations arising from the JHOSC's response to any consultation. It would also ensure that the council's high governance standards are maintained.
- 6.3 It would be expected that ensuring equalities issues would be considered by the JHOSC as part of its work.

**7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 An Integrated Impact Assessment is not applicable.

**8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 8.1 The draft agreement is under informal consultation at this time.
- 8.2 This report is being presented to the Health Scrutiny Panel for consultation with scrutiny members.

**9. RECOMMENDATIONS**

- 9.1 That the Health Scrutiny Panel consider the draft JHOSC agreement attached as appendix 1 and recommend to Council its approval.

DIRECTOR OF GOVERNANCE AND COMMUNITIES

Church Square House  
SCUNTHORPE  
North Lincolnshire  
Post Code  
Author: Dean Gillon  
Date: 23 February 2022

**Background Papers used in the preparation of this report –**

Nil

## **Appendix 1 - HUMBER, COAST & VALE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE.**

### **1. Background**

- 1.1 In response to the Health and Care Bill currently before Parliament, it is proposed to formally establish a 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 Bill moves the responsibilities of 'r' around consultation and engagement to the 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 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.

### **2. Proposals**

- 2.1 It is proposed to set up a flexible, tiered Humber, Coast and Vale JHOSC made up of the six upper tier Local Authorities:
  - Hull City Council
  - East Riding of Yorkshire Council
  - North Lincolnshire Council
  - North East Lincolnshire
  - North Yorkshire County Council
  - City of York Council
- 2.2 It is anticipated that, whilst the ICS retains the 'r' designation to lead on consultations, much ICS work will be focused on either the North Yorkshire & York Strategic Partnership level, or at a Humber Strategic Partnership level. As such, it is proposed to set up two corresponding sub-committees of the JHOSC on these two footprints. The JHOSC retains the flexibility to direct consultations as deemed appropriate. The sub-committees would report back to the Humber, Coast and Vale JHOSC, who retain ultimate responsibility for responding to consultations on substantial developments and variations.
- 2.3 The proposed JHOSC may also co-opt representatives of other councils from outside of the ICS patch, such as Lincolnshire County Council, where patients

tend to flow into the ICS area for treatment. A JHOSC may also wish to co-opt others on a non-voting basis, such as patient representatives, Healthwatch members, specialist witnesses or advisers etc.

- 2.4 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 sub-committee made up of the HOSCS that are particularly effected. However, it is anticipated that this arrangement would 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 JHOSC.
- 2.5 It is proposed that three members be appointed from each of the councils in the ICS area. These would typically be HOSC members, including the Chairs, but that is a matter for individual councils. The only restriction would be that the members would not be drawn from the respective council's Cabinet. 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.
- 2.6 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.
- 2.7 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. However, if there was a desire amongst members, the JHOSC could conduct additional work that transcends council boundaries, and which the ICS or others are responsible, in part or whole, for addressing.
- 2.8 The current provisions of the Bill mean that local HOSCS lose the formal power of 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. However, the JHOSC 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.
- 2.9 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 request (require? TBC) the attendance of ICS representatives to support this local work.

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

- 3.1 The Humber, Coast & Vale 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:

- City of York Council
- East Riding of Yorkshire Council
- Hull City Council
- North East Lincolnshire Council
- North Lincolnshire Council
- North Yorkshire 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.

In rare circumstances, the JHOSC can also undertake other relevant scrutiny work as deemed appropriate.

- 3.2 The JHOSC will comprise three members of each of the above local authorities, nominated by each council on a politically proportionate basis.
- 3.3 The JHOSC will have two standing sub-committees:
- The North Yorkshire and York Scrutiny Sub-Committee (6 members)
  - The Humber Scrutiny Sub-Committee (12 members)

Each Sub-Committee will comprise the members of the relevant Humber, Coast & Vale JHOSC. The sub-committees do not have decision-making powers and will report up to the JHOSC, who retain the responsibility to respond to statutory consultations by the ICS.

- 3.4 The JHOSC may appoint working groups on a particular footprint if thought appropriate. They will also report up to the 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.
- 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 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 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 the legislation progresses, with the final version expected to be adopted by the JHOSC prior to the change of responsibilities on 1 July 2022. Each council will be consulted as part of this process.