

This page is intentionally left blank

ROYAL BOROUGH OF KINGSTON UPON THAMES

Enquiries to Martin Newton, 020 8547 6086 martin.newton@kingston.gov.uk
Democratic Support, Guildhall, KT1 1EU

**SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE****17 FEBRUARY 2021****7:00 pm – 8.35 pm****Members**

Councillor Jeremy Ambache (Wandsworth)
Councillor Thomas Barlow (Merton)
Councillor Bill Chapman (Surrey)
Councillor Roger Crouch (Richmond)
Councillor Bernie Muir replacing Councillor Nick Darby (Surrey)
Councillor Sean Fitzsimons (Croydon)
Councillor Adrian Flook (Wandsworth)
Councillor Lesley Heap (Kingston)
Councillor Edward Joyce (Sutton)
Councillor Alan Juriansz (Richmond)
Councillor Peter McCabe (Merton)*
Councillor Anita Schaper (Kingston)
Councillor Colin Stears (Sutton)
Councillor Andy Stranack (Croydon)*

Officers:

Sarah Blow, Chief Accountable Officer, SW London CCG

* Absent

13. Apologies for Absence

The Committee noted that Councillor Muir was attending the meeting in place of Councillor Darby, who had sent apologies for absence

Apologies for absence were also received from Councillor McCabe and from Councillor Kirby, nominated to stand in for Councillor McCabe at the meeting.

14. Declarations of Interest

There were no declarations of interest.

15. Minutes of Previous Meeting - 11 November 2020**Appendix A**

Resolved, that the minutes of the meeting held on 11 November 2020 be confirmed and signed as correct.

17 FEBRUARY 2021

16. Terms of Reference and Rules of Procedure**Appendix B**

The Committee considered the report on possible revisions to the SWL & S JHOSC terms of reference and rules of procedure.

Members noted that SWL & S JHOSC is now just over mid-way through its 4 year 'life', having been formed in May 2018, and that the Committee currently operates "with responsibility for responding to consultations on substantial service change affecting multiple boroughs across the area" and specifically on the basis that "when there are no current consultations there will be no need for the committee to meet."

At the informal workshop session for JHOSC members held after the last meeting in November 2020, officers had been asked to look into 2 matters - firstly, the question of the attendance of Surrey CC members at JHOSC meetings when the business to be discussed did not relate to the Surrey CC area and secondly, the scope for a possible expansion of JHOSC's current remit to broaden and enhance strategic scrutiny arrangements by including provision to also request the health authorities to provide items on pertinent sub-regional issues that are not part of consultations on substantial service change affecting multiple boroughs, or items which JHOSC members deem significant for discussion and recommendation.

Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities may establish a joint health overview and scrutiny committee to undertake health scrutiny functions on their behalf, and must establish a joint health overview and scrutiny committee to respond to consultation on proposals for substantial variation in health services affecting more than one local authority area. In May 2018, the Full Council meeting at each of the constituent local authorities (Croydon, Kingston, Merton, Richmond, Surrey, Sutton and Wandsworth) approved the current JHOSC terms of reference and rules of procedure. Any change to those terms of reference and rules of procedure would again require the approval of each of the constituent local authorities.

On the matter of Surrey CC, it was noted that Surrey's members were able to attend all JHOSC meetings although the business did not always specifically relate to the Surrey CC area. Some detailed discussions had taken place with the JHOSC support officers at each of the constituent councils and the relevant members on this matter since the workshop session and, resulting from those, it was considered that as services in the SW London area were also used by Surrey residents, Surrey CC should continue to be fully involved at the earliest stage in any possible changes to services and in decisions on formal consultation for significant changes. It was also noted that, in order for Surrey CC members to continue to serve on JHOSC's sub-committees when relevant, Surrey CC should continue to remain a full JHOSC member. For those reasons, the current arrangements for Surrey CC membership of JHOSC were proposed to remain in place and no changes were proposed to the terms of reference or rules of procedure relating to that membership.

On the question of expansion of the JHOSC remit, it was noted that some minor update items on agendas already fell marginally outside of the present terms of reference and JHOSC would be technically acting outside its authority if it were to request the health authorities to provide further items.

To regularise the current position and formally enable scope for the inclusion of items not related to current consultations, the terms of reference could be amended to include provision for additional items as the relevant legislation states “A local authority may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area” (regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013). The relevant legislation did not insist on consultation with health bodies or their agreement to such a change. It was further noted that a change of this kind would also not in itself affect individual council’s health scrutiny functions.

At present, JHOSC’s remit provided for responding to consultations on substantial service change and when there were no current consultations the Committee was not required to meet. An expansion of the role of JHOSC could be more likely to lead to further meetings on a more programmed basis than now with consequent additional demands on meeting attendees, including the potential for some duplication of process if extra matters coming to JHOSC were also being scrutinised by individual councils at the local level, and associated resource implications for health partners of requiring the production of additional reports, presentations and attendance at extra meetings. Similarly, there could be a resource impact for the secretarial and meeting servicing function.

Discussion commenced and a number of members spoke in favour of expanding JHOSC’s remit, allowing greater flexibility and a more collaborative and faster to react strategic mechanism than currently exists, that would be more ‘fit for purpose’ for cross cutting issues in a fast changing health delivery environment. Comments from councillors also included the suggestion that JHOSC should include in a work programme scrutiny of i) the implementation of the 24 recommendations by the Commissioners (Committees in Common) on the Epsom and St Helier Trust in the Decision Making Business Case; and ii) the management of the risk that the necessary reductions in non-elective activity and substantial revenue savings would not be achieved, thereby jeopardising the overall success of the BYFH programme.

Debate continued and a member raised the question of membership criteria for JHOSC sub-committees and the need to clarify wording on this within the terms of reference and rules of procedure. Officers undertook to look into this particular issue. At the invitation of the Chair, the Committee then heard the views of the Chief Accountable Officer for South West London CCG, who confirmed that any decision made by JHOSC on remit expansion would be supported by the health authorities in terms of responses to requested briefings and information on relevant matters. The Chief Accountable Officer also emphasised the importance of continuing to avoid unnecessary duplication and capacity conflict in future strategic and local scrutiny arrangements.

Discussion continued and a member said that he remained unconvinced that the detail provided in the paper before members was persuasive of the merits of expanding the Committee’s remit, drawing particular attention also to the impact of the forthcoming health White Paper, and concern at the consequences of the expanded JHOSC on his authority’s pre-decision scrutiny arrangements. He informed the meeting that for these reasons, Wandsworth would not be approving remit change proposals. Further comments were then put forward by other members regarding matters more suitable for scrutiny by an expanded JHOSC such as the

17 FEBRUARY 2021

reconfiguration of mental health services; Covid-19; and proposed Integrated Care Systems.

Discussion on the item moved to a conclusion, and as it was clear that a unanimous decision to support an expansion of JHOSC's remit was unable to be reached although a majority appeared to be in favour, the Chair suggested and it was agreed by the Committee that some further discussions be held 'off line' between members with a view to exploring the scope for any future changes to the terms of reference and rules of procedure of SWL & S JHOSC.

17. Oral Strategic Update on Covid-19 and Vaccination

The Chief Accountable Officer for South West London CCG updated the meeting on the Covid-19 vaccination programme.

It was noted that, as at 16 February, approximately 294,000 vaccinations had been provided in the CCG area, the highest total in London. At present, persons in cohorts 5 and 6 were receiving offers of vaccination. No problems existed with vaccination supply from distributors. Local ward level data was not able to be provided yet. The Committee was also notified about vaccine 'hesitancy' and steps that had taken place and were underway to combat this.

On behalf of the Committee, the Chair thanked the Chief Accountable Officer for attending the meeting and briefing members on the latest position for the JHOSC area.

18. Next Meeting

Noted that the next meeting had provisionally been set for Wednesday 16 June.