

# Agenda

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## South West London & Surrey Joint Health Overview and Scrutiny Committee

Date: Wednesday 17 February 2021

Time: 7:00 pm

Place: An online meeting that can be viewed at  
[https://www.youtube.com/c/kingstoncouncil/videos?view=2&live\\_view=502](https://www.youtube.com/c/kingstoncouncil/videos?view=2&live_view=502)

### Members of the Committee

Councillor Jeremy Ambache, LB Wandsworth

Councillor Thomas Barlow, LB Merton

Councillor Bill Chapman, Surrey CC

Councillor Roger Crouch LB, Richmond

Councillor Nick Darby, Surrey CC

Councillor Sean Fitzsimons, LB Croydon

Councillor Adrian Flook, LB Wandsworth

Councillor Lesley Heap, RB Kingston

Councillor Edward Joyce, LB Sutton

Councillor Alan Juriansz, LB Richmond

Councillor Peter McCabe, LB Merton

Councillor Anita Schaper, RB Kingston

Councillor Colin Stears, LB Sutton

Councillor Andy Stranack, LB Croydon

### Everyone is welcome to attend the meeting

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**AGENDA**

1. **Apologies for Absence**
2. **Declaration of Interests**
3. **Minutes of the last meeting of the Committee – 11 November 2020** **Appendix A**  

To confirm the minutes of the previous meeting as a correct record.
4. **Terms of Reference and Rules of Procedure** **Appendix B**  

To consider report on possible changes to the SWL & S JHOSC terms of reference and rules of procedure.
5. **Oral Strategic Overview Update on Covid-19 / Vaccination Programme**  

To receive oral strategic overview update.
6. **Dates of Meetings**  

The next meeting of the Committee has been provisionally set for Wednesday 16 June 2021 (7.00pm).

**ROYAL BOROUGH OF KINGSTON UPON THAMES**

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**SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY  
COMMITTEE**

**11 NOVEMBER 2020**

**7:00 pm – 9:03 pm**

**Members**

Councillor Jeremy Ambache (Wandsworth)  
Councillor Thomas Barlow (Merton)  
Councillor Bill Chapman (Surrey)\*  
Councillor Roger Crouch (Richmond)  
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:**

Jonathan Bates, SW London lead for urgent and emergency care  
Matthew Kershaw, Chief Executive, Croydon Health Services NHS Trust  
Charlotte Gawne, SWL CCG Executive Director of Communications and  
Engagement

\* Absent

**7. Apologies for Absence**

Apologies for absence were received from or on behalf of Councillors Chapman, Darby (both Surrey CC) and Stranack (Croydon).

**8. Declarations of Interest**

Councillor Stears declared an interest as a shareholder in Seldoc Healthcare who provide services in the SWL & Surrey JHOSC area.

**9. Minutes of Previous Meeting - 29 July 2020**

**Resolved**, that the minutes of the previous meeting of the Committee on 29 July 2020 be confirmed and signed as correct.

11 NOVEMBER 2020

**10. Update on Transforming Urgent and Emergency Care in London and Programme and NHS 111 First**

The Committee considered the update on transforming urgent and emergency care and NHS 111 First.

Jonathan Bates, SW London lead for urgent and emergency care, informed members that the 'Think 111 First' initiative encouraged online or telephone contact of the NHS through 111 as the best route to health services as non-urgent case patients could be directed into the most appropriate care settings, thereby reducing unnecessary pressure on Accident and Emergency Departments, which many members of the public often visited as a default option although their needs could be best met elsewhere.

111 calls were overseen 24 hours a day by clinicians, who were able to take over the call if a patient had more complex needs and who also had access to individual care plans, mental health crises plans and lists of patients who were shielding. The 111 approach had been developed by hospital consultants, GPs, nurses, paramedics, pharmacists, social workers, mental health specialists, and NHS 111 teams in a borough using local knowledge and expertise. A 999 call would remain the applicable option in a medical emergency where someone's life was at risk.

Using 111 meant that, where needed, urgent face-to-face treatment appointments could be arranged and booked without further delay for Accident and Emergency, Urgent Treatment Centres, Mental Health Services, dental care and local pharmacies for urgent repeat prescriptions and advice. Depending on circumstances, a 111 user could also be referred to their GP, or a GP hub, for an online consultation or face-to-face GP appointment. NHS 111 was being significantly expanded in London and it was noted that Croydon, St. George's, Kingston and St. Helier Hospitals had all now 'gone live'.

The Committee then heard from Matthew Kershaw, Chief Executive of Croydon Health Services NHS Trust on Croydon's experience to date. The Committee noted that the initiative would be closely evaluated in terms of the experience of service users and the impact of the marketing campaign:

This would include:

- Measuring numbers of calls from residents to NHS 111
- Tracking NHS 111 call response times
- Number of direct bookings and total attendances, particularly for minor ailments
- Feedback from patients booked into Emergency and Urgent Treatment Centres appointments
- Feedback from staff and stakeholders
- Social media and digital evaluation, including impressions, reach, engagement rates and mobile phone geo tracking

The Committee asked questions, during which Mr Bates and Mr Kershaw confirmed details of NHS 111 First referring to points outlined in their presentation. It was noted that, over the last year, 54,000 persons (150 a day) had been seen at Croydon's Emergency Department / Urgent Treatment Centre for minor issues that could have been dealt with in a non-urgent setting elsewhere and that the 111 First initiative aimed to redistribute cases like these more equitably around the health care offer.

At the conclusion of discussion on this item, Mr Bates confirmed that it was planned to share the 'learning experience' and that 3 to 6 months of 'full running' of the service was needed for proper evaluation of outcomes. Information would come to the local health scrutiny committees as appropriate.

## 11. Covid Update

Members had before them the update on Covid.

Mr Kershaw and Mr Bates informed the Committee that with the health service having returned to its highest level of emergency preparedness, incident level 4 from 5 November, the NHS had moved from a regionally managed but nationally supported incident under level 3 to one that is co-ordinated nationally. In SW London this meant the Incident Command Centre (ICR) would now be staffed 7-days a week and operate 12 hours a day to support the response to Covid-19 wave 2. The ICR brought NHS organisations together to coordinate the response across South West London, and resolve or escalate any issues across the system. Locally, there had been a sharper increase in the numbers of patients being admitted with coronavirus to hospitals. The situation would be monitored closely, as admissions were likely to rise over the coming weeks.

It was noted that despite the increase in numbers it was important to emphasise to local communities that the NHS continued to be open for local people when they needed it, particularly through NHS 111 First, and that with the risk of both flu and Covid-19 circulating in the winter, it was more important than ever for those most at risk to get vaccinated. The biggest flu programme health and care partners had ever run was being rolled out. It was noted that the collective focus and close working across South West London meant a high number of patients being able to have their planned treatments and elective surgical operations, with the hospitals in the area now able to treat 90% of planned surgical procedures that would have been done a year ago, and some steps in place to help hospitals keep pace despite Covid. The overwhelming objective was to reduce the time a patient had to wait for treatment.

St George's Hospital was ready to open additional Intensive Care Unit beds for extremely sick patients with Covid-19 to support other hospitals, whilst Croydon, Kingston, St Helier and Epsom hospitals were helping support St George's with some specialty planned surgery. It was noted that the SW London Health and Care Partnership were establishing plans covering the current pandemic phase and post Covid in relation to refreshing and reshaping service delivery and initiating new and better ways of working. These were being overseen by a SW London Recovery Board.

11 NOVEMBER 2020

Discussion took place and Mr Bates undertook to look into local test and trace outcomes and also in relation to data on inequalities and deprived communities across the boroughs. In relation to primary care capacity and other challenged areas, it was noted that there was a commitment to ensuring resources were allocated where most needed.

At the conclusion of the consideration of this update, and on behalf of the Committee, the Chair thanked Mr Bates and Mr Kershaw for attending and for presenting the information to members.

**12. Date of Next Meeting**

Members noted that a provisional date of 17 February 2021 had previously been set for the next meeting.

## South West London & Surrey Joint Health Overview & Scrutiny Committee

17 February 2021

### Terms of Reference and Rules of Procedure

Report by Martin Newton, Democratic Services, RB Kingston

#### Purpose

To consider possible revisions to the SWL & S JHOSC current terms of reference and rules of procedure.

#### Recommendation -

That the details of the report be considered and, if the Committee is satisfied that the changes to JHOSC's current terms of reference and rules of procedure set out in 1. below should be made, to **recommend** that -

1. an amendment be made to the terms of reference and rules of procedure, as set out in appendices 4 and 5, to provide for a expansion of JHOSC's remit to include requests to 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; and
2. the recommended changes to the terms of reference and rules of procedure be put before the Full Council of each constituent authority for final approval.

#### Key Points

- A. SWL & S JHOSC is now just over mid-way through its 4 year 'life', having been formed in May 2018 (see 1.2 of appendix 2 attached).
- B. The Committee currently operates "with responsibility for responding to consultations on substantial service change affecting multiple boroughs across the area" and specifically "when there are no current consultations there will be no need for the committee to meet." (see notes in appendix 1 attached).
- C. At the informal workshop session for JHOSC members held after the last meeting in November 2020, officers were 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.
- D. The findings are set out below.

## Context

1. 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.
2. 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 (see appendices 1-3 attached).
3. Any change now proposed to these terms of reference and rules of procedure would again require the approval of each of the constituent local authorities.

## Proposal and Options

### 4. Surrey CC Membership

Surrey CC members are able to attend all JHOSC meetings although the business does not always specifically relate to the Surrey CC area. Since the informal workshop session on 20 November when this issue was highlighted by some members, detailed discussions have taken place with the JHOSC support officers at each of the constituent councils and the relevant members on this matter. As a result of these, it is considered that as services in the South West London area are 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 should be 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. As such, the current arrangements for Surrey CC membership of JHOSC should remain in place and no changes are therefore proposed to the terms of reference or rules of procedure relating to that membership.

### 5. Possible Expansion of JHOSC's remit

Some minor update items on agendas already fall 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 on pertinent sub-regional issues that were not part of consultations on substantial service change affecting multiple boroughs, or items which JHOSC members deem significant for discussion and recommendation.

6. 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 does not insist on consultation with health bodies or their agreement to such a change (see paragraph 12). A change of this kind would also not in itself affect individual councils health scrutiny functions.
7. As all constituent councils would need to approve an expansion of JHOSC's remit there would need to be the appetite from all authorities for the constitutional changes. There are some matters to consider around this. At present, JHOSC

meets to respond to consultations on substantial service change and when there are no current consultations the Committee does not need to meet. Expanding the role of JHOSC may be more likely to lead to further meetings on a more programmed basis than now with consequent additional demands on meeting attendees.

8. There would also be potential for some duplication of process if extra matters coming to JHOSC are also being scrutinised by individual councils at the local level. Although there would be no intention to override the localism principle, and any expansion of JHOSC's remit would be aimed at augmenting scrutiny arrangements, it would inevitably be difficult to entirely avoid areas of duplication with local scrutiny and the associated resource implications for health partners of requiring the production of additional reports, presentations and attendance at extra meetings. This may be of particular relevance during the present pandemic but would be a key consideration at all times.
9. Similarly, there would be a resource impact for the secretarial and meeting servicing function. At present, this function is shared and rotated loosely between the constituent councils on the 'meeting when it is required' basis. An expansion of the current remit could mean the requirement for more formal and established sharing arrangements between the constituent authorities and greater resource implications in this area at a time when budgetary pressure is significant
10. If, having fully considered these issues, members are satisfied that they consider that it would be appropriate to seek expansion of JHOSC's current remit then suggested general amendments to the current terms of reference and rules of procedure could provide for this as set out in appendices 4-5 (amendments to current terms and rules are shown in **bold italics and highlighted in yellow**).

### **Consultations**

11. Officer level comments from the constituent councils have been sought and incorporated into the report and recommendations.
12. As referred to in paragraph 6, health bodies would not be required to be consulted on or agree to an expansion to JHOSC's remit. However, a copy of the report has been sent to appropriate health body representatives and views invited. Any comments put forward will be considered by the Committee at the meeting.

### **Legal Implications**

13. South London Legal Partnership have been consulted and provided advice on the proposals set out in the paper.

### **Background papers - None**

**Author of report** - Martin Newton, Democratic Services Officer, 020 8547 6086  
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Appendices 1, 2 and 3 - SWL & S JHOSC current terms of reference and rules of procedure  
Appendices 4 and 5 - possible general amendments to current terms of reference and rules of procedure (shown in **bold italics and highlighted in yellow**)

## **Establishment of a Joint Health Overview and Scrutiny Committee for South West London and Surrey County Council.**

### Background

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.

Discussions between officers responsible for health scrutiny across South West London and Surrey County Council has concluded that the best way forward is the continuation of a Standing Joint Health Overview and Scrutiny Committee, with responsibility for responding to consultations on substantial service change affecting multiple boroughs across the area. This has proved to be a useful way to obviate the need to go through a separate decision-making process each time a consultation requiring the establishment of a Joint Health Overview and Scrutiny Committee is initiated, enabling local authorities to respond more rapidly and saving officer and member time. The draft terms of reference and rules of procedure are attached as Appendices 2 and 3. Points to note are:

- There will be two members of the Committee for each local authority represented, appointed in accordance with local procedures. Local authorities are also encouraged to nominate substitutes to attend when their primary representatives are unable to.
- The Committee will have the power to establish sub-committees, and much of the work in relation to specific consultation will be undertaken in these sub-committees. The members of a sub-committee may be members of the main committee, but constituent local authorities may also nominate another representative to serve on a specific sub-committee.
- Where a consultation affects some, but not all, of the constituent areas voting membership of the relevant sub-committee will be restricted to the authorities directly affected. Thus, for example, the sub-committee responding to consultation on the Mental Health Trust's estates strategy would not include Croydon as a voting member.
- There is no minimum frequency of meetings of the Committee, and when there are no current consultations there will be no need for the committee to meet.
- The life of the Committee will be for a maximum of four years. Constituent areas will nominate members annually, and there will be an annual election for the Chair and Vice-Chair of the Committee.

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
SOUTH WEST LONDON AND SURREY.**

**TERMS OF REFERENCE**

1.1 The South West London and Surrey Joint Health Overview and Scrutiny Committee is established by the Local Authorities of **London Borough of Croydon, London Borough of Merton, London Borough of Richmond upon Thames, Surrey County Council, London Borough of Sutton, London Borough of Wandsworth**, and the **Royal Borough of Kingston upon Thames (constituent areas)** in accordance with s.245 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

1.2 It will be a standing Joint Overview and Scrutiny Committee or a sub-committee thereof which will undertake scrutiny activity in response to a particular reconfiguration proposal or strategic issue affecting some, or all of the constituent areas.

1.3 The length of time a specific matter / proposal will be scrutinised for will be determined by the Joint Committee or Sub Committee.

1.4 The purpose of the Standing Joint Committee is to act as a full committee or commission sub-committees to consider the following matters and carry out detailed scrutiny work as below:

(a) To engage with Providers and Commissioners on strategic sector wide *proposals* in respect of the *configuration* of health services affecting some or all of the area of Croydon, Merton, Richmond upon Thames, Surrey County Council, Sutton, Wandsworth, and the Royal Borough of Kingston upon Thames (constituent area).

(b) Scrutinise and respond to the consultation process (including stakeholder engagement) and final decision in respect of any reconfiguration proposals affecting some, or all of the constituent areas.

(c) Scrutinise in particular, the adequacy of any consultation process in respect of any reconfiguration proposals (including content or time allowed) and provide reasons for any view reached.

(d) Consider whether the proposal is in the best interests of the health service across the affected area.

(e) Consider as part of its scrutiny work, the potential impact of proposed options on residents of the reconfiguration area, whether proposals will deliver sustainable service change and the impact on any existing or potential health inequalities.

(f) Assess the degree to which any proposals scrutinised will deliver sustainable service improvement and deliver improved patient outcomes.

(g) Agree whether to use the joint powers of the local authorities to refer either the consultation or final decision in respect of any proposal for reconfiguration to the Secretary of State for Health.

(h) As appropriate, review the formal response of the NHS to the Committees consultation response.”

1.5. The Joint Committee will consist of 2 Councillors nominated by each of the constituent areas and appointed in accordance with local procedure rules. Each Council can appoint named substitutes in line with their local practices.

1.6 Appointments to the Joint Committee will be made annually by each constituent area with in-year changes in membership confirmed by the relevant authority as soon as they know.

1.7 A Chairman and Vice Chairman of the Joint Committee will be elected by the Committee at its first meeting for a period of one year and annually thereafter.

1.8 The life of the Joint Committee will be for a maximum of four years from its formation in May 2018.

1.9 For each specific piece of scrutiny work undertaken relating to consultations on reconfiguration or substantial variation proposals affecting all or some of the constituent areas, the Joint Committee will either choose to act as a full Committee or can agree to commission a sub-committee to undertake the detailed work and define its terms of reference and timescales. This will provide for flexibility and best use of resource by the Joint Committee.

1.10 In determining how a matter will be scrutinised, the Joint Committee can choose to retain decision making power or delegate it to a sub-committee.

1.11 The overall size of each sub-committee will be determined by the main Committee and must include a minimum of 1 representative per affected constituent area

1.12 Where a proposal for reconfiguration or substantial variation covers some but not all of the constituent areas, in establishing a sub-committee, formal membership will only include those affected constituent areas. Non affected constituent areas will be able to nominate members who can act as 'observers' but will be non-voting.

1.13 The Committee and any sub-Committees will form and hold public meetings, unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000, in accordance with a timetable agreed upon by all constituent areas and subject to the statutory public meeting notice period.

## Appendix three

# **SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)**

## **RULES OF PROCEDURE**

### **1. Membership of Committee and Sub-Committees**

- 1.1 The London Boroughs of Croydon, Merton, Richmond upon Thames, Sutton, Wandsworth and the Royal Borough of Kingston upon Thames and Surrey County Council will each nominate, 2 members to the JHOSC, appointed in accordance with local procedure rules.
- 1.2 Appointments will be reconfirmed annually by each relevant authority.
- 1.3 Individual authorities may change appointees in accordance with the rules for the original nomination.
- 1.4 Individual authorities will be strongly encouraged to nominate substitutes in accordance with local practice.
- 1.5 In commissioning Sub-Committees, membership will be confirmed by the JHOSC and can be drawn from the main Committee or to enable use of local expertise and skill, from non-Executive members of an affected constituent area.
- 1.6 The membership of a sub-committee will include at least one member from each affected constituent areas. An affected constituent area is a council area where the proposals will impact on residents. Non affected areas can appoint 'observer' members to sub-committees but they will be non-voting.
- 1.7 The JHOSC, may as appropriate review its membership to include authorities outside the South West London area whom are equally affected by a proposal for reconfiguration or substantial variation who can be appointed to serve as members of relevant sub-committees.

### **2. Chairman**

- 2.1 The JHOSC will elect the Chairman and Vice Chairman at the first formal meeting. A vote will be taken (by show of hands) and the results will be collated by the supporting Officer.
- 2.2 The appointments of Chairman and Vice Chairman will be reconfirmed annually.
- 2.3 If the JHOSC wishes to, or is required to change the appointed Chairman or Vice Chairman, an agenda item should be requested supported by four of the seven constituent areas following which the appointments will be put to a vote.
- 2.4 Where a sub-committee is commissioned, at its first meeting a Chairman and Vice-Chairman will be appointed for the life of the sub-committee.

### **3. Substitutions**

- 3.1 Named substitutes may attend Committee meetings and sub-committee meetings in lieu of nominated members. Continuity of attendance is strongly encouraged.

- 3.2 It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure the supporting officer is informed of any changes prior to the meeting.
- 3.3 Where a named substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.

#### **4. Quorum**

- 4.1 The quorum of a meeting of the JHOSC will be the presence of one member from any five of the seven participating constituent areas.
- 4.2 The quorum of a meeting of a Sub Committee of the JHOSC will be three quarters of the total membership of the sub-committee to include a minimum of two members.

#### **5. Voting**

- 5.1 Members of the JHOSC and its sub Committees should endeavour to reach a consensus of views and produce a single final report, agreed by consensus and reflecting the views of all the local authority committees involved.
- 5.2 In the event that a vote is required, each member present will have one vote. In the event of there being an equality of votes the Chairman of the JHOSC or its sub-committee will have the casting vote.

#### **6. JHOSC Role, Powers and Function**

- 6.1 The JHOSC will have the same statutory scrutiny powers as an individual health overview and scrutiny committee that is:
- accessing information requested
  - requiring members, officers or partners to attend and answer questions
  - Referral to the Secretary of State for Health if the Committee is of the opinion that the consultation has been inadequate or the proposals are not 'in the interests' of the NHS
- 6.2 The JHOSC can choose to retain the powers of referral to the Secretary of State for Health for a particular scrutiny matter or delegate them to an established sub-committee.

#### **7. Support**

- 7.1 The lead governance and administrative support for the JHOSC will be provided by constituent areas on an annual rotating basis.
- 7.2 The lead scrutiny support for sub-committees will be provided by constituent areas on a per issue basis to be agreed by the sub-committee.
- 7.3 Meetings of the JHOSC and its sub-committees will be rotated between participating areas.
- 7.4 The host constituent area for each meeting of the JHOSC will be responsible for arranging appropriate meeting rooms and ensuring that refreshments are available.
- 7.5 Each constituent area will identify a key point of contact for all arrangements and Statutory Scrutiny Officers will be kept abreast of arrangements for the JHOSC.

## **Appendix three**

### **8. Meetings**

8.1 Meetings of the JHOSC and its sub-committees will be held in public unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000 and will take place at venues in one of the seven constituent areas.

8.2 Meetings will not last longer than 3 hours from commencement, unless agreed by majority vote at the meeting.

### **9. Agenda**

9.1 The agenda will be drafted by the officers supporting the JHOSC or its sub-committees and agreed by the appropriate Chairman. The officer will send, by email, the agenda to all members of the JHOSC, the Statutory Scrutiny Officers and their support officers.

9.2 It will then be the responsibility of each borough to:

- publish official notice of the meeting
- put the agenda on public deposit
- make the agenda available on their Council website; and
- make copies of the agenda papers available locally to other Members and officers of that Authority and stakeholder groups as they feel appropriate.

### **10. Local Overview and Scrutiny Committees**

10.1 The JHOSC or its sub-committees will invite participating constituent areas health overview and scrutiny committees and other partners to make known their views on the review being conducted.

10.2 The JHOSC or its sub-committees will consider those views in making its conclusions and comments on the proposals outlined or reviews.

10.3 Individual Overview and Scrutiny Committees will make representations to any NHS Body where a consensus at the JHOSC cannot be reached".

### **11. Representations**

11.1 The JHOSC or its sub-committees will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders.

11.2 As far as practically possible the committee or sub-committee will consider any written representations from individual members of the public and interest groups that represent geographical areas in South West London and Surrey that are contained within one of the participating local authority areas.

11.3 The main Committee and any established sub-committees will consider up to 3 verbal representations per agenda item from individual members of the public and interest groups that represent geographical areas in South West London and Surrey that are contained within one of the participating local authority areas. Individuals must register to speak before 12pm on the day before the meeting takes place and will be given three minutes to make their representations to the committee.

11.4 The Chairman or any committee or sub-committee will have the discretion to accept more or late speakers where s/he feels it is appropriate.

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Possible amendments to current terms of reference and rules of procedure shown in **bold italics** and highlighted in yellow in appendices 4 and 5

## JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE SOUTH WEST LONDON AND SURREY

### TERMS OF REFERENCE

1.1 The South West London and Surrey Joint Health Overview and Scrutiny Committee is established by the Local Authorities of **London Borough of Croydon, London Borough of Merton, London Borough of Richmond upon Thames, Surrey County Council, London Borough of Sutton, London Borough of Wandsworth, and the Royal Borough of Kingston upon Thames (constituent areas)** in accordance with s.245 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

1.2 It will be a standing Joint Overview and Scrutiny Committee or a sub-committee thereof which will

(a) undertake scrutiny activity in response to a particular reconfiguration proposal or strategic issue affecting some, or all of the constituent Areas; **and**

**(b) consider Providers and Commissioners responses to requests for items covering pertinent sub-regional issues that are not part of consultations on substantial service change affecting multiple boroughs, or other items which JHOSC members deem significant for discussion and recommendation.**

1.3 The length of time a specific matter / proposal will be scrutinised for will be determined by the Joint Committee or sub-committee.

1.4 The purpose of the Standing Joint Committee is to act as a full committee or commission sub-committees to consider the following matters and carry out detailed scrutiny work as below:

(a) To engage with Providers and Commissioners on strategic sector wide proposals in respect of the configuration of health services affecting some or all of the area of Croydon, Merton, Richmond upon Thames, Surrey County Council, Sutton, Wandsworth, and the Royal Borough of Kingston upon Thames (constituent area).

(b) Scrutinise and respond to the consultation process (including stakeholder engagement) and final decision in respect of any reconfiguration proposals affecting some, or all of the constituent areas.

(c) Scrutinise in particular, the adequacy of any consultation process in respect of any reconfiguration proposals (including content or time allowed) and provide reasons for any view reached.

(d) Consider whether the proposal is in the best interests of the health service across the affected area.

(e) Consider as part of its scrutiny work, the potential impact of proposed options on residents of the reconfiguration area, whether proposals will deliver sustainable service change and the impact on any existing or potential health inequalities.

(f) Assess the degree to which any proposals scrutinised will deliver sustainable service improvement and deliver improved patient outcomes.

(g) Agree whether to use the joint powers of the local authorities to refer either the consultation or final decision in respect of any proposal for reconfiguration to the Secretary of State for Health.

(h) As appropriate, review the formal response of the NHS to the Committees consultation response.

***(i) Consider the response from Providers or Commissioners to requests from the Committee to provide information on pertinent sub-regional issues that are not part of consultations on substantial service change affecting multiple boroughs, or other items which JHOSC members deem significant for discussion and recommendation.***

1.5. The Joint Committee will consist of 2 Councillors nominated by each of the constituent areas and appointed in accordance with local procedure rules. Each Council can appoint named substitutes in line with their local practices.

1.6 Appointments to the Joint Committee will be made annually by each constituent area with in-year changes in membership confirmed by the relevant authority as soon as they know.

1.7 A Chairman and Vice Chairman of the Joint Committee will be elected by the Committee at its first meeting for a period of one year and annually thereafter.

1.8 The life of the Joint Committee will be for a maximum of four years from its formation in May 2018.

1.9 For each specific piece of scrutiny work undertaken relating to consultations on reconfiguration or substantial variation proposals affecting all or some of the constituent areas, the Joint Committee will either choose to act as a full Committee or can agree to commission a sub-committee to undertake the detailed work and define its terms of reference and timescales. This will provide for flexibility and best use of resource by the Joint Committee.

1.10 In determining how a matter will be scrutinised, the Joint Committee can choose to retain decision making power or delegate it to a sub-committee.

1.11 The overall size of each sub-committee will be determined by the main Committee and must include a minimum of 1 representative per affected constituent area

1.12 Where a proposal for reconfiguration or substantial variation covers some but not all of the constituent areas, in establishing a sub-committee, formal membership will only include those affected constituent areas. Non affected constituent areas will be able to nominate members who can act as 'observers' but will be non-voting.

1.13 The Committee and any sub-committees will form and hold public meetings, unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000, in accordance with a timetable agreed upon by all constituent areas and subject to the statutory public meeting notice period.

**SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY  
COMMITTEE (JHOSC)**

**RULES OF PROCEDURE**

**1. Membership of Committee and Sub-Committees**

1.1 The London Boroughs of Croydon, Merton, Richmond upon Thames, Sutton, Wandsworth and the Royal Borough of Kingston upon Thames and Surrey County Council will each nominate 2 members to the JHOSC, appointed in accordance with local procedure rules.

1.2 Appointments will be reconfirmed annually by each relevant authority.

1.3 Individual authorities may change appointees in accordance with the rules for the original nomination.

1.4 Individual authorities will be strongly encouraged to nominate substitutes in accordance with local practice.

1.5 In commissioning sub-committees, membership will be confirmed by the JHOSC and can be drawn from the main Committee or to enable use of local expertise and skill, from non-Executive members of an affected constituent area.

1.6 The membership of a sub-committee will include at least one member from each affected constituent areas. An affected constituent area is a council area where the proposals will impact on residents. Non affected areas can appoint 'observer' members to sub-committees but they will be non-voting.

1.7 The JHOSC, may as appropriate review its membership to include authorities outside the South West London area whom are equally affected by a proposal for reconfiguration or substantial variation who can be appointed to serve as members of relevant sub-committees.

**2. Chairman**

2.1 The JHOSC will elect the Chairman and Vice Chairman at the first formal meeting. A vote will be taken (by show of hands) and the results will be collated by the supporting Officer.

2.2 The appointments of Chairman and Vice Chairman will be reconfirmed annually.

2.3 If the JHOSC wishes to, or is required to change the appointed Chairman or Vice Chairman, an agenda item should be requested supported by four of the seven constituent areas following which the appointments will be put to a vote.

2.4 Where a sub-committee is commissioned, at its first meeting a Chairman and Vice-Chairman will be appointed for the life of the sub-committee.

### **3. Substitutions**

3.1 Named substitutes may attend Committee meetings and sub-committee meetings in lieu of nominated members. Continuity of attendance is strongly encouraged.

3.2 It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure the supporting officer is informed of any changes prior to the meeting.

3.3 Where a named substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.

### **4. Quorum**

4.1 The quorum of a meeting of the JHOSC will be the presence of one member from any five of the seven participating constituent areas.

4.2 The quorum of a meeting of a Sub Committee of the JHOSC will be three quarters of the total membership of the sub-committee to include a minimum of two members.

### **5. Voting**

5.1 Members of the JHOSC and its sub-committees should endeavour to reach a consensus of views and produce a single final report, agreed by consensus and reflecting the views of all the local authority committees involved.

5.2 In the event that a vote is required, each member present will have one vote. In the event of there being an equality of votes the Chairman of the JHOSC or its sub-committee will have the casting vote.

### **6. JHOSC Role, Powers and Function**

6.1 The JHOSC will have the same statutory scrutiny powers as an individual health overview and scrutiny committee that is:

- accessing information requested
- requiring members, officers or partners to attend and answer questions
- Referral to the Secretary of State for Health if the Committee is of the opinion that the consultation has been inadequate or the proposals are not in the interests' of the NHS

6.2 The JHOSC can choose to retain the powers of referral to the Secretary of State for Health for a particular scrutiny matter or delegate them to an established sub-committee.

## 7. Support

7.1 The lead governance and administrative support for the JHOSC will be provided by constituent areas on an annual rotating basis. **The annual rotation order commencing from the first meeting of each municipal year with effect from 2021/22 will be:-**

- **Croydon**
- **Wandsworth**
- **Sutton**
- **Surrey CC\* (as and when appropriate)**
- **Richmond**
- **Merton**
- **Kingston**

7.2 The lead scrutiny support for sub-committees will be provided by constituent areas on a per issue basis to be agreed by the sub-committee.

7.3 Meetings of the JHOSC and its sub-committees will be rotated between participating areas.

7.4 The host constituent area for each meeting of the JHOSC will be responsible for arranging appropriate meeting rooms and ensuring that refreshments are available.

7.5 Each constituent area will identify a key point of contact for all arrangements and Statutory Scrutiny Officers will be kept abreast of arrangements for the JHOSC.

## 8. Meetings

8.1 Meetings of the JHOSC and its sub-committees will be held in public unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000 and will take place at venues in one of the seven constituent areas.

8.2 Meetings will not last longer than 3 hours from commencement, unless agreed by majority vote at the meeting.

## 9. Agenda

9.1 The agenda will be drafted by the officers supporting the JHOSC or its sub-committees and agreed by the appropriate Chairman. The officer will send, by email, the agenda to all members of the JHOSC, the Statutory Scrutiny Officers and their support officers.

9.2 It will then be the responsibility of each borough to:

- publish official notice of the meeting
- put the agenda on public deposit
- make the agenda available on their Council website; and

- make copies of the agenda papers available locally to other Members and officers of that Authority and stakeholder groups as they feel appropriate.

## **10. Local Overview and Scrutiny Committees**

10.1 The JHOSC or its sub-committees will invite participating constituent areas health overview and scrutiny committees and other partners to make known their views on the review being conducted.

10.2 The JHOSC or its sub-committees will consider those views in making its conclusions and comments on the proposals outlined or reviews.

10.3 Individual Overview and Scrutiny Committees will make representations to any NHS Body where a consensus at the JHOSC cannot be reached.

## **11. Representations**

11.1 The JHOSC or its sub-committees will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders.

11.2 As far as practically possible the Committee or sub-committee will consider any written representations from individual members of the public and interest groups that represent geographical areas in South West London and Surrey that are contained within one of the participating local authority areas.

11.3 The main Committee and any established sub-committees will consider up to 3 verbal representations per agenda item from individual members of the public and interest groups that represent geographical areas in South West London and Surrey that are contained within one of the participating local authority areas. Individuals must register to speak before 12pm on the day before the meeting takes place and will be given three minutes to make their representations to the Committee.

11.4 The Chairman of the Committee or sub-committee will have the discretion to accept more or late speakers where s/he feels it is appropriate.

## **NOTES**

- 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.
- There will be two members of the Committee for each local authority represented, appointed in accordance with local procedures. Local authorities are also

encouraged to nominate substitutes to attend when their primary representatives are unable to.

- The Committee will have the power to establish sub-committees, and much of the work in relation to specific consultation will be undertaken in these sub-committees. The members of a sub-committee may be members of the main committee, but constituent local authorities may also nominate another representative to serve on a specific subcommittee.
- Where a consultation affects some, but not all, of the constituent areas voting membership of the relevant sub-committee will be restricted to the authorities directly affected.
- There is no minimum frequency of meetings of the Committee, and when there are no current consultations there will be no need for the committee to meet.
- The life of the Committee will be for a maximum of four years. Constituent areas will nominate members annually, and there will be an annual election for the Chair and Vice-Chair of the Committee.

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