

READING BOROUGH COUNCIL

JOINT REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES AND
MONITORING OFFICER

TO:	ADULT SOCIAL CARE, CHILDREN & EDUCATION COMMITTEE		
DATE:	30 MARCH 2021	AGENDA ITEM:	15
TITLE:	JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE		
LEAD COUNCILLOR:	GRAEME HOSKIN RUTH MCEWAN	PORTFOLIO:	HEALTH, WELLBEING & SPORT CHAIR ACE COMMITTEE
SERVICE:	HEALTH	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To recommend to Council the establishment of a Joint Health Overview & Scrutiny Committee for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System to consider any substantial development or variation in the provision of health services across the footprint of the area.
- 1.2 The draft terms of reference for the Joint Health Overview & Scrutiny Committee, which the Council will also be asked to approve are attached at Appendix A.

2. RECOMMENDED ACTION

2.1 That Council be recommended:

- (a) Approve the establishment of a joint health overview & scrutiny committee for the BOB footprint and the terms of reference set out in Appendix A;
- (b) Appoint two councillors to the Joint Committee;

2.2 That 2.1 be subject to all the other local authorities covered by the BOB (Buckinghamshire Council; Oxfordshire County Council; West Berkshire Council; and Wokingham Council) agreeing to establish the Joint Committee and adopting the same terms of reference.

2.3 That the Assistant Director of Legal & Democratic Services, in consultation with the Directors of Adult Social Care & Health/ Children's Services and the Chair of the Adult Social Care, Children & Education Committee and Leader of the Council, be authorised to make any necessary alterations to the terms

of reference to ensure they were consistent across the constituent local authority members of the Joint Committee.

3. POLICY CONTEXT

- 3.1 Since the creation of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan in 2015, the health scrutiny leads from across the footprint have met, informally and on an ad hoc basis, with key health partners. These meetings have been hosted by each authority with the last one taking place in Buckinghamshire on 15th November 2019.
- 3.2 At this meeting, councillor health scrutiny leads (or representative) and health scrutiny officers from across the footprint heard from a number of BOB ICS Leads about the planned activity being undertaken by the ICS. It was at this meeting that the proposal to set-up a joint health scrutiny committee was first raised.
- 3.3 Health Services are required to consult a local authority's Health 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 authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
- 3.4 The advice received from the Centre for Public Scrutiny (CfPS) is that it endorses the need for a joint health scrutiny committee and sees it as a key component of the work of the ICS.

4. THE PROPOSAL

4.1 Current Position:

- 4.1.1 The Council adopted a Committee system of governance in May 2013 in place of the executive arrangements that had operated since May 2001. Under the committee system, the Council has chosen not to set up any scrutiny and overview Committees. The statutory scrutiny responsibilities have been embedded in the terms of reference of the standing committees. The Adult Social Care, Children & Education Committee has Health scrutiny within its remit.

4.2 Options Proposed

- 4.2.1 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

4.2.2 The proposal is for 'System' activities to be scrutinised by the joint health scrutiny committee and activities at 'Place' and 'Neighbourhood' being dealt with by the relevant local authority through their existing health scrutiny arrangements. This terminology is incorporated into the draft terms of reference and further consideration will be needed to develop a protocol to ensure work is considered at the most appropriate level of scrutiny.

4.2.3 Membership of the Joint Committee

The recommended overall size of the Joint Committee is 19 members with the proposed membership for each of the respective local authorities based on population figures being as follows:

- 7 Members for Oxfordshire; 6 Members for Buckinghamshire; and 6 Members for Berkshire West).
- Under this arrangement Reading would have two members; both of whom could be appointed from the Council's controlling group.

In addition, 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.

4.2.4 Referral to the Secretary of State

To ensure that any local authority within the Joint Committee can independently decide to refer a matter to the Secretary of State the draft Terms of Reference contain a "Notwithstanding clause". This allows member authorities the right to refer an issue to the Department of Health even if the BOB joint scrutiny committee has chosen not to do so.

4.2.5 Chairing the Joint Committee, Meeting and Host Authority Arrangements

- The Chair would be elected by the joint Committee but would be expected to be a member of the host authority.
- The host authority would be for a two-year period.

The draft terms of reference currently state that the joint committee will be a standing committee and dates would be organised and put in the Committee Members diaries. If there was no business to be discussed, then the meeting would be cancelled.

4.2.6 Terms of Reference

The draft terms of reference are attached to this paper for approval and set out the key issues in relation to the following matters:

- a) Defining the work of the joint committee;
- b) Membership of the committee;
- c) Referral powers to the Secretary of State;
- d) Frequency of meetings;
- e) Election of Chairman and determining the host authority.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Council by meeting at least one of the Corporate Plan priorities:

1. Securing the economic success of Reading and provision of job opportunities
2. Ensuring access to decent housing to meet local needs
3. To protect and enhance the lives of vulnerable adults and children
4. Keeping Reading's environment clean, green and safe
5. Ensuring that there are good education, leisure and cultural opportunities for people in Reading
6. Ensuring the Council is fit for the future

5.2 The Council's current Corporate Plan priorities have been reframed to provide clarity of purpose and a new three point strategic framework has been adopted as follows:

- To support and protect vulnerable children and adults by ensuring the social care system continues to function effectively;
- To support the people who are most vulnerable and isolated in our communities;
- To support businesses and the local economy, and secure Reading's economic recovery.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers). There are not considered to be any direct environmental and climate implications as regards to the recommendations in this report.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 This is a procedural report about the establishment of joint committee and is not subject to community engagement.

8. EQUALITY IMPACT ASSESSMENT

8.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to–

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8.2 It is not considered that an Equality Impact Assessment (EIA) is relevant to the decisions arising from this report.

9. LEGAL IMPLICATIONS

9.1 There is a need to establish a joint Health Scrutiny Committees to consider any consultations covering a ‘significant’ proportion of the entire footprint of the BOB Integrated Care System, as prescribed by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

9.2 Regulation 30(4) states that where more than one local authority is consulted, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:

- (a) make comments on the proposal consulted on pursuant to regulation 23(4);
- (b) require the provision of information about the proposal under regulation 26; or
- (c) require a member or employee of a responsible person to attend before it under regulation 27 to answer questions in connection with the consultation.

9.3 In more general terms, under Section 101(5) of the 1972 Local Government Act, two or more authorities may discharge their functions jointly, and may arrange for the discharge of those functions by a joint committee. Under Section 102(1)(b), two or more local authorities may appoint a joint committee to discharge the function. Section 102(2) states that the number of members of a committee appointed under Section 102(1), and their terms of office, shall be fixed by the appointing authority or authorities.

10. FINANCIAL IMPLICATIONS

10.1 There are no direct costs associated with establishing and appointing members of the Joint Health Overview and Scrutiny Committee. However, there may be costs that are incurred due to attendance at meetings, the payment of Special Responsibility Allowances etc. There would potentially be greater resource implications if Reading was the host authority in terms of providing support for the meetings and developing expertise in the health scrutiny function.

11. BACKGROUND PAPERS

11.1 None