
Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Committee considering report:	Council
Date of Committee:	4 May 2021
Portfolio Member:	Councillor Howard Woollaston
Date Portfolio Member agreed report:	22 April 2021
Report Author:	Gordon Oliver
Forward Plan Ref:	C3933

1 Purpose of the Report

To consider the proposal to form a new, mandatory, joint committee with health scrutiny powers to consider matters affecting patient flows across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System geography.

2 Recommendations

Council is asked to:

- (a) SUPPORT the proposal for a joint health overview and scrutiny committee to consider health issues at the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) level;
- (b) DELEGATE scrutiny of health issues at the BOB ICS level to the joint health overview and scrutiny committee; and
- (c) APPROVE the terms of reference for the joint health overview and scrutiny committee as set out in Appendix B of this report.

3 Implications and Impact Assessment

Implication	Commentary
Financial:	There would be a small additional cost associated with elected members and officers attending meetings and from officers providing administrative support. These would be met from existing budgets. It is not possible to quantify this additional

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

	<p>expenditure, since meetings will only be convened as they are needed, but the frequency of meetings is anticipated to be low (at least two meetings per year).</p> <p>The work of the Joint Health Overview and Scrutiny Committee will require support in terms of overall co-ordination, setting up and clerking of meetings, underpinning policy support and administrative arrangements.</p> <p>It is proposed that administrative support will be undertaken by the host authority, which would rotate with the chairman every two years.</p>
<p>Human Resource:</p>	<p>There are no significant implications, since the number of additional meetings is expected to be low (at least two meetings per year), with administrative support requirements shared amongst the constituent local authorities. It is envisaged that administrative support for the additional meetings would be provided by the Democratic Services Team.</p>
<p>Legal:</p>	<p>The statutory powers and duties relating to the scrutiny of health services are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”).</p> <p>It is proposed that the Joint Health Overview and Scrutiny Committee would operate formally as a mandatory joint committee, i.e. where the councils have been required under Regulation 30 (5) to appoint a joint committee for the purposes of the specified consultation on a substantial development or variation in services.</p>
<p>Risk Management:</p>	<p>There are no significant risks associated with this proposal.</p>
<p>Property:</p>	<p>There are no property implications associated with this proposal.</p>
<p>Policy:</p>	<p>Officers are not aware of any policies at national or local levels that relate specifically to health scrutiny. However, the proposal is in line with Government guidance on Local Authority Health Scrutiny, which suggests that there are likely to be occasions where a discretionary joint committee is the best way of</p>

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

	considering how the needs of a local population that happens to cross council boundaries are being met.			
	Positive	Neutral	Negative	Commentary
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			Scrutiny of healthcare services at the ICS level will help to identify and more effectively address current and future health inequalities.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	X			The proposal will ultimately have a beneficial impact on the planning, development, operation and integration of health and care services across Buckinghamshire, Oxfordshire and Berkshire West, which will deliver benefits for all service users, including those with protected characteristics.
Environmental Impact:		X		The proposal will not result in any significant environmental impact.
Health Impact:	X			Health scrutiny will help to improve the planning, development, operation and integration of health and care services, and in turn will improve health outcomes for local residents.
ICT Impact:		X		There are no ICT implications of delivering this new function.
Digital Services Impact:		X		Meetings of the Joint Health Overview and Scrutiny Committee may be held remotely until such time as Coronavirus restrictions are relaxed and public meetings are

				permitted. This is in line with other council meetings.
Council Strategy Priorities:		X		This proposal is considered to be 'business as usual' with no particular implications for Council Strategy Priorities.
Core Business:		X		This proposal is considered to be 'business as usual' with no particular implications for core business.
Data Impact:		X		This proposal is considered to be 'business as usual' with no particular implications for data.
Consultation and Engagement:	<p>Councillor Lynne Doherty – Leader of the Council</p> <p>Councillor Graham Bridgman – Portfolio Holder: Health and Wellbeing</p> <p>Councillor Alan Law – Chairman of West Berkshire Overview and Scrutiny Management Commission</p> <p>Councillor Howard Woollaston – Portfolio Holder: Internal Governance</p> <p>Nick Carter – Chief Executive</p> <p>Joseph Holmes – Executive Director (Resources)</p> <p>Sarah Clarke – Service Director Strategy and Governance / Monitoring Officer</p> <p>Catalin Bogos – Performance, Research and Consultation Manager</p>			

4 Executive Summary

- 4.1 Health bodies have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee (or equivalent committee in an upper-tier or unitary holding health scrutiny powers) 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 local authority, the affected local authorities must appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

- 4.2 In response to the development of an Integrated Care System (ICS) across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint, a joint health overview and scrutiny committee is needed to consider proposed changes affecting the patient-flow geography at the BOB level. This includes the authorities of Buckinghamshire Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.
- 4.3 This report sets out proposals for the new JHOSC, which will require each of the affected local authorities to delegate health scrutiny powers on services provided at the ICS level to the JHOSC and to agree the Terms of Reference. Legally, the Executive cannot make decisions in relation to scrutiny matters, so the decision must be made by full Council.
- 4.4 It should be noted that Wokingham Borough Council has indicated that they will be unable to agree the terms of reference until after the May 2021 elections. If they request changes to the terms of reference, then an amended version will need to be brought back to full Council for approval.

5 Supporting Information

Introduction

- 5.1 Health and care services are provided at different levels and a three-tiered model is used to describe this:
- (a) **System:** An ICS typically covers 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. West Berkshire is part of the BOB ICS, which covers a population of 1.8 million, and currently has three Integrated Care Partnerships, three Clinical Commissioning Groups (CCGs), six NHS Trusts, and 175 GP surgeries.
 - (b) **Place:** a town or district within an ICS, usually consistent with a local authority borough / district, 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 interventions to particular groups. The Berkshire West Place comprises Reading Borough, West Berkshire District and Wokingham Borough, covering a population of around 500,000, under the umbrella of the Berkshire West Integrated Care Partnership. Although each of the three local authorities has their own Health and Wellbeing Board and Overview and Scrutiny function, they are working closely to develop a Joint Health and Wellbeing Strategy.
 - (c) **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, proactive care and support, particularly for groups and individuals with the most complex needs. Primary care networks (PCNs) and multidisciplinary community teams form at this level. Fourteen PCNs have been established in Berkshire West, of which four are in West Berkshire.

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- 5.2 In addition, a fourth **Locality** tier operates below the Place tier within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.
- 5.3 Health scrutiny primarily takes place at the Place / Locality level. Within West Berkshire, health scrutiny is undertaken by the Overview and Scrutiny Management Commission (OSMC), although there is a proposal to delegate powers to a new Health Scrutiny Committee, which is the subject of a separate paper. Currently, no scrutiny takes place at the System level.
- 5.4 Local authority health scrutiny committees have powers to:
- Review and scrutinise matters relating to the planning, provision and operation of the health service in the area, including the finances of local health services.
 - Require local NHS bodies to provide information about the planning, provision and operation of health services in the area.
 - Require employees of local NHS bodies to attend committee meetings to answer questions.
 - Make reports and recommendations to local NHS bodies and expect a response within 28 days.
 - Refer proposals for substantial changes to NHS services to the Secretary of State for decision if: the committee believes the consultation has been inadequate; there were inadequate reasons for not consulting; or if the proposals would not be in the interests of the local health service.
- 5.5 Health bodies have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee (or equivalent committee in an upper-tier or unitary authority holding health scrutiny powers) 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 local authority, the affected local authorities must appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
- 5.6 Since the creation of the BOB Sustainability Transformation Plan in 2015, the health scrutiny Chairmen from across the footprint have met, informally and on an ad hoc basis, with key health partners. The last meeting took place in Buckinghamshire on 15 November 2019. It was at this meeting, where the proposal to set-up a joint health scrutiny committee was first requested by the ICS.
- 5.7 The proposal is for ICS activities to be scrutinised by a newly created Buckinghamshire Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee. All other health scrutiny would remain with individual local authorities through their existing health scrutiny arrangements. The ICS leaders have identified that they anticipate 80%

of activity to remain with local Health Scrutiny Committees, with 20% at the BOB Joint Health Overview and Scrutiny Committee level.

Background

5.8 Discussions have taken place with officers across the BOB footprint to consider the governance issues associated with setting-up a new joint health overview and scrutiny committee. In These discussions were informed by advice from the Centre for Governance and Scrutiny (CfGS) who endorsed the need for a joint health scrutiny committee and saw it as a key component of the work of the ICS, they indicated that:

- Setting up a joint health scrutiny committee for the ICS should be seen as a necessity;
- Elected Members from across the ICS need to have oversight of what is being planned at system level (at an early stage) and health bodies would gain a greater awareness of the political impact of their proposed decisions;
- The BOB ICS is a vanguard and at the forefront of ICS development and therefore this joint committee should be viewed as a positive;
- There is no existing function for scrutinising and holding to account the ICS so a joint committee should be viewed as an opportunity to strengthen and add value to the existing local scrutiny arrangements.

5.9 Also, it should be noted that the Health and Social Care White Paper¹ sets out proposals for changes to the structure of the NHS, putting Integrated Care Systems on a statutory footing and integrating Clinical Commissioning Groups at the system footprint.

Proposal

5.10 Members are asked to support the proposed arrangements for the Joint Health Overview and Scrutiny Committee as set out in this report, and in doing so approve the delegation of health scrutiny powers of the BOB ICS to the BOB Joint Health Overview and Scrutiny Committee.

5.11 A draft Terms of Reference document has been developed and is attached to this paper in Appendix B.

5.12 The following paragraphs set out the key principles on which the proposal for the Joint Committee has been developed.

Defining the work of the Joint Committee

5.13 The definitions of System, Place, Locality and Neighbourhood as set out above have been incorporated into the draft Terms of Reference. A protocol toolkit will also be developed to ensure work is considered at the most appropriate level of scrutiny. This process will require early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions. The toolkit

¹ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

will help to ensure that local health scrutiny arrangements retain their integrity and primacy.

Membership of the Committee

- 5.14 It is proposed that appointments to the Joint Health Overview and Scrutiny Committee would have regard to the relative proportion of the BOB patient flow for each of the constituent local authorities. This is in line with the legislative framework of health scrutiny.
- 5.15 The proposal is for a Committee of 19 Members (7 Members for Oxfordshire, 6 Members for Buckinghamshire and 6 Members for Berkshire West – 2 from each of the three unitary authorities). In the absence of patient flow figures, this calculation has been based on population figures. Each local authority will be able to appoint substitute Members.
- 5.16 It is also proposed that co-opted (non-voting) members may be temporarily appointed to the JHOSC or to a Task and Finish Group to bring specialist knowledge onto the committee to inform specific work streams or agenda items.

Referral powers to the Secretary of State

- 5.17 Buckinghamshire is keen that the power of referral on System related activities remains with the BOB Joint Health Overview and Scrutiny committee. The Centre for Governance and Scrutiny agrees with this approach.
- 5.18 Oxfordshire's JHOSC requested at its meeting in June 2020 that the power of referral be retained by Oxfordshire. The advice received from the CfGS is that disaggregating the power of referral for the BOB JHOSC could result in five separate referrals on the same issue. It would also fracture the unified voice of five authorities created by a BOB JHOSC. To ensure that Oxfordshire (or any other local authority / health scrutiny committee) can independently refer a matter to the Secretary of State if the BOB JHOSC chooses not to, Oxfordshire has asked for the draft Terms of Reference to contain a "Notwithstanding clause". This allows member authorities the right to refer an issue to the Department of Health if the BOB JHOSC chose not to.

Election of Chairman and Host Authority

- 5.19 It is proposed that the Chairman would be elected by the JHOSC for a two year term. It is proposed that the role of host authority would be undertaken by the chairing authority for the same period.
- 5.20 West Berkshire Council proposed that hosting of the committee meetings be undertaken by one local authority on a permanent basis, with associated administrative support and costs re-charged to the other authorities involved, depending upon their proportionate membership on the Committee. However, this suggestion was not supported by the other local authorities.

Frequency of meetings

5.21 The new Joint Health Overview and Scrutiny Committee would only be convened as necessary, with at least two meetings per year.

Terms of Reference

5.22 The Terms of Reference have been circulated to each authority for discussion with Members and Officers and has been taken through the relevant overview and scrutiny committee of each local authority prior to reports going to their respective Councils. The Terms of Reference are contained within Appendix B of this report.

5.23 It should be noted that Wokingham Borough Council has indicated that they will be unable to agree the terms of reference until after the May 2021 elections. If they request changes to the terms of reference, then an amended version will need to be brought back to full Council for approval.

6 Other options considered

6.1 Within the current legislation and health system structure, there are no viable alternatives to establishing a Joint Health Overview and Scrutiny Committee for the Buckinghamshire, Oxfordshire and Berkshire West area to address matters affecting the patient flows across the entire Integrated Care System.

6.2 Options have been considered around the composition of the JHOSC, for example, a smaller committee with three members from Buckinghamshire, four from Oxfordshire, and one member from each of the three Berkshire West authorities. However, it was felt that numbers should be increased such that there were at least two members from each local authority.

7 Conclusion

7.1 The creation of a JHOSC would be a positive step. It would ensure that West Berkshire Council and the other local authorities across Buckinghamshire, Oxfordshire and Berkshire West were able discharge their legal responsibilities when consulted by the ICS on substantial developments or variations in services. It would also help to ensure that the needs of local citizens are properly considered in the planning, development and operation of local health services at the BOB ICS level.

7.2 The establishment of the BOB JHOSC requires all relevant local authorities (as outlined in this paper) to agree the Terms of Reference, as such, they are subject to agreement by those authorities through their respective Councils.

8 Appendices

8.1 Appendix A – Equalities Impact Assessment

8.2 Appendix B – Draft Terms of Reference

Background Papers:

[National Health Services Act \(2006\)](#)

[Health and Social Care Act \(2012\)](#)

[The Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#)

[Advice to local authorities on scrutinising health services, 27 June 2014, Department of Health and Social Care](#)

Subject to Call-In:

Yes: No:

- The item is due to be referred to Council for final approval
- Delays in implementation could have serious financial implications for the Council
- Delays in implementation could compromise the Council's position
- Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months
- Item is Urgent Key Decision
- Report is to note only

Wards affected: All wards

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Owning Service			

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Appendix A

Equality Impact Assessment (EqIA) - Stage One

<p>What is the proposed decision that you are asking Council to make:</p>	<p>To delegate powers of scrutiny of matters relating to the planning, development and operation of health services affecting patient flows across the entire Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System area to a Joint Health Overview and Scrutiny Committee</p>
<p>Summary of relevant legislation:</p>	<p>The statutory requirements for the scrutiny of health services are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”).</p>
<p>Does the proposed decision conflict with any of the Council’s priorities for improvement?</p> <ul style="list-style-type: none"> • Ensure our vulnerable children and adults achieve better outcomes • Support everyone to reach their full potential • Support businesses to start develop and thrive in West Berkshire • Develop local infrastructure including housing to support and grow the local economy Maintain a green district • Ensure sustainable services through innovation and partnerships 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Name of Budget Holder:</p>	<p>Sarah Clarke</p>
<p>Name of Service/Directorate:</p>	<p>Strategy & Governance / Resources</p>
<p>Name of assessor:</p>	<p>Gordon Oliver</p>
<p>Date of assessment:</p>	<p>02 December 2020</p>
<p>Version and release date (if applicable):</p>	<p></p>

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Is this a ?		Is this policy, strategy, function or service ... ?	
Policy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	New or proposed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Strategy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Already exists and is being reviewed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Function	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is changing	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Service	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

(1) What are the main aims, objectives and intended outcomes of the proposed decision and who is likely to benefit from it?

Aims:	To ensure that the Council delivers its statutory responsibilities with respect to scrutiny of health services provided across local authority boundaries.
Objectives:	To set up a Joint Health Overview and Scrutiny Committee for Buckinghamshire, Oxfordshire and Berkshire West, which would be responsible for scrutiny of health services provided by the Integrated Care System.
Outcomes:	Improvement of the planning, development and operation of health services, ensuring they are tailored to the particular needs of the local population.
Benefits:	More efficient, effective and coordinated health services that improve the physical and mental health and wellbeing of citizens and reduce health inequalities.

(2) Which groups might be affected and how? Is it positively or negatively and what sources of information have been used to determine this?

Group Affected	What might be the effect?	Information to support this
Age	Positive	The Joint Committee may undertake scrutiny of specialist health services provided to children and young people, or to older people
Disability	Positive	The Joint Committee may undertake scrutiny of specialist health services provided to people with physical, sensory or learning difficulties.

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Gender Reassignment	Positive	The Joint Committee may undertake scrutiny of specialist health services provided to people undergoing gender reassignment
Marriage and Civil Partnership	No impact	There are no specific health implications for this group
Pregnancy and Maternity	Positive	The Joint Committee may undertake scrutiny of specialist fertility and maternity services.
Race	Positive	The Committee may undertake scrutiny of how effectively the health system is addressing inequalities affecting people from particular ethnic minorities
Religion or Belief	No impact	There are no specific health implications for this group
Sex	Positive	The Committee may undertake scrutiny of specialist health services provided for men or women, and how effectively the health system is addressing inequalities between men and women
Sexual Orientation	No impact	There are no specific health implications for this group
Further Comments:		

(3) Result	
Are there any aspects of the proposed decision, including how it is delivered or accessed, that could contribute to inequality?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Joint Health Overview & Scrutiny Committee will seek to reduce health inequalities.	
Will the proposed decision have an adverse impact upon the lives of people, including employees and service users?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Joint Health Overview & Scrutiny Committee will seek to improve the experience for health service users.	

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

(4) Identify next steps as appropriate:	
EqlA Stage 2 required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Owner of EqlA Stage Two:	
Timescale for EqlA Stage Two:	

Name: Gordon Oliver

Date: 02 December 2020

Please now forward this completed form to Pamela Voss, Equality and Diversity Officer (pamela.voss@westberks.gov.uk), for publication on the WBC website.

Appendix B

Draft Terms of Reference

Purpose

1. 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 local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
2. The NHS Long-Term Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place, Locality and Neighbourhood level (see definitions below). The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.
3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, and Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in legislation and guidance and to allow it to operate as a mandatory committee.

Terms of Reference

4. The new JHOSC will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to activities delivered at system level (as detailed below) by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
5. 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.

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Place – a town or district within an ICS, typically covering a population of 250,000-500,000. 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 30,000-50,000 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.
6. In addition, a fourth Locality tier operates below the 'Place' tier, but only within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.
7. Activities at Place, Locality and Neighbourhood levels would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.
8. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:
- (a) make comments on the proposal consulted on
 - (b) require the provision of information about the proposal
 - (c) gather evidence from key stakeholders, including members of the public
 - (d) require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
 - (e) Refer to the Secretary of State only on where it is not satisfied that:
 - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
 - the proposal would not be in the interests of the health service in the area
 - a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.
9. Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.

Health Scrutiny Arrangements across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

10. With the exception of those matters referred to in paragraph [3] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.
11. The process for determining the appropriate level of scrutiny – ie. System or Place/Locality/Neighbourhood will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.
12. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

Governance

13. Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

Frequency of meetings

14. The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

Host authority

15. The JHOSC would be hosted by one of the named authorities. The role of host authority would be undertaken by the chairing authority for the same time period [24 months].

Membership

16. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.
17. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.
18. Appointments by each authority to the JHOSC will reflect the political balance of that authority.
19. The quorum for meetings will be 6 voting members, comprising at least one member from each authority. Member substitutes from each authority will be accepted.
20. The JHOSC shall also reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge onto the committee to inform specific work streams or agenda items. Any co-opted member appointed will not have a vote.

21. The five Healthwatch organisations shall be recognised as key stakeholders and a standing item will be included on the JHOSC agenda to allow the organisations to report back on patient and public views from across the ICS.

Chairman & Vice Chairman

22. The Chairman of the JHOSC shall be drawn from the members of it and will normally be filled by the member whose authority is hosting the Committee for a period of 24 months.
23. The Vice-Chairman of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

Task & Finish Groups

24. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political and geographical balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

Committee support

25. The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
26. Meetings of the committee are to be arranged and held by the host authority.
27. Should a press statement or press release need to be made by the JHOSC, this will be approved all authorities before being signed off by the Chairman.