JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE TERMS OF REFERNECE

Functions

1. The Joint HOSC is established as a joint committee between Telford & Wrekin Council and Shropshire Council to scrutinise health and healthcare matters across both areas, including matters referred by local Healthwatch bodies. The Committee will consider matters related to the planning and delivery of NHS services that are made available to residents in both Local Authority areas. This includes meeting as required when NHS bodies identify potential changes to services to determine whether it will act as the statutory consultee for substantial developments of variations in service.

Powers of the Joint HOSC

2. The Joint HOSC exercises discretionary and mandatory health scrutiny functions under the Health and Social Care Act 2001, NHS Act 2006 (as amended), Localism Act 2011, Health and Care Act 2022, and the Local Authority Health Scrutiny Regulations (2013, amended 2024).
3. Both local authorities delegate health scrutiny powers to the Joint HOSC for pan Shropshire health matters.
4. Where the NHS proposes a substantial development or variation, the Joint HOSC will act as the sole statutory consultee on behalf of both local authorities and may require information from NHS bodies or providers and require attendance of NHS representations to answer questions.
5. As of 31 January 2024, HOSCs and Joint HOSCs no longer have the power to refer NHS reconfigurations to the Secretary of State. Instead, the Secretary of State holds discretionary call in powers. The Joint HOSC participates as a statutory consultee within this national process, providing formal, evidence-based views when consulted.
6. Role and responsibilities of the Joint HOSC, NHS commissioners, providers and local authority public health services follow nation guidance (DHSC 2024; CfGS 2024).

Membership

7. Three elected members from each local authority
8. Three co-opted members from each authority’s area, independent of the Councils.
9. Co-opted members retain voting rights as determined by each authority’s Full Council’s voting schedules.

10. Cabinet Members for Health and Socal Care and Health & Wellbeing Board Chairs may attend in a non-voting capacity at the Chair's discretion.

Chairing Arrangements

11. Meetings will alternate between the two local authority areas, with the Chair from the host authority presiding over the meeting.

Casting Vote

12. The Chair will not exercise a casting vote due to alternating venue arrangements.

Political Balance

13. Political balance requirements apply. Each participate authority ensures its membership complies with its own political balance.

Administration & Support

14. Support for the Joint HOSC will be provided by the local health and social care system to enable the Committee to fulfil its duties.
15. Administrative arrangements will alternate between the two Councils.
16. The host authority will co-ordinate agendas and liaise with organisations providing reports, apers or evidence. The agenda will be agreed jointly by both Chairs.
17. Pre-meetings may be held at the Chairs' discretion and may be attended by the Chairs alone or by all Committee members.
18. Each authority will provide appropriate officer time and/or financial resource to support the Committee's work, including commissioning specialist advice where required.

Frequency of Meetings

19. Meetings will be scheduled in the Joint Committee Work Programme, with additional meetings arranged as necessary.

Quorum

20. A meeting is quorate when: one third of the Committee membership is present; at least two elected members are present (one from each authority); and each authority has two representatives present (which may include co-opted members).

Ways of Working

21. In line with the DHSC 2024 Local Authority Health Scrutiny guidance and CfGS best practice, the Joint HOSC will strengthen the voice of local people, undertake scrutiny that is rigorous, objective and transparent, and consider sustainability alongside quality and safety in service change proposals.

22. The Committee may hold formal meetings, service visits where appropriate (joint where possible), focus groups, public meetings, sessions with patient/service user groups, and task and finish work led by either authority.
23. The Committee will develop a structured framework to ensure work is effective, focused, and adds value.

Reports

24. Reports should, wherever possible, present join evidence-based conclusions and recommendations. Where differing views remain, reports may include separate sections reflecting the evidence-based position of each authority.

Review of Terms of Reference

25. The Terms of Reference will be reviewed annually or sooner if required due to changes in legislation, national guidance or local scrutiny arrangements.