

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
16 JUNE 2015
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE AND PROTOCOL
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

1. Purpose

- 1.1 To note the terms of reference for the Joint City and County Health Scrutiny Committee. There is an agreed protocol in place governing the operation of the Committee.

2. Action required

- 2.1 The Committee is asked to:
- a) note the Committee's terms of reference
 - b) agree the Committee's protocol for 2015/16

3. Background information

- 3.1 Nottingham City and Nottinghamshire County Councils have established a joint committee for scrutinising health matters which affect the Greater Nottingham area. The terms of reference is attached at Appendix 1 and were agreed at Nottingham City Council's Full Council meeting on 18th May 2015.
- 3.2 There is a protocol governing the operation of this committee. The protocol was last amended in May 2014 and is attached at Appendix 2.

4. List of attached information

- 4.1 The following information can be found in the appendices to this report:

Appendix 1 – Joint City and County Health Scrutiny Committee Terms of Reference

Appendix 2 – Joint City and County Health Scrutiny Committee Protocol

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None

6. **Published documents referred to in compiling this report**

Report to and minutes of Joint Health Scrutiny Committee meeting held on 10 June 2014.

7. **Wards affected**

All

8. **Contact information**

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Joint City and County Health Scrutiny Committee

Terms of Reference

- (a) To scrutinise health matters which impact on both the areas covered by Nottingham City Council and Nottinghamshire County Council, including the statutory health scrutiny role.
- (b) the Joint Committee is accountable to Council, has 8 City Councillors (who cannot be members of the Executive Board) and 8 County Councillors.
- (c) the Chair and Vice-Chair will be appointed in alternate years by each authority. The Vice-Chair will always be appointed by the authority not holding the Chair.

Meetings:

- (d) The Joint Committee will meet at least 2 times per year and usually has 11 meetings per year;
- (e) notice of meetings, circulation of papers, conduct of business at meetings and voting arrangements will follow the Standing Orders of the authority which holds the Chair, or such Standing Orders which may be approved by the parent authorities. Meetings will be open to citizens;
- (f) the secretariat of the Joint Committee will alternate annually between the two authorities with the Chair. The costs of operating the Joint Committee will be met by the Council providing the secretariat services.

PROTOCOL FOR THE OPERATION OF A JOINT COMMITTEE ON THE OVERVIEW AND SCRUTINY OF HEALTH IN GREATER NOTTINGHAM

1. Nottinghamshire County Council and Nottingham City Council established a Joint Committee between the two Authorities in 2003 to scrutinise health matters which impact upon the Greater Nottingham area.
2. The role and operation of the Joint Committee will be kept under review, with a further complete review of its responsibilities and workings to be carried out on an annual basis from the adoption of this protocol.

Role

3. The role of the Joint Committee is
 - To scrutinise health matters which impact both on the areas covered by Nottingham City Council and Nottinghamshire County Council.
4. A list of stakeholders is attached to this protocol.

Responsibilities

5. The Joint Committee will scrutinise significant health developments that cover the Greater Nottingham area. This means that a decision will impact on both Nottingham City and Nottinghamshire County residents.
6. The main focus will be on issues relating to public health with particular regard to health inequalities and access to services.
7. The agenda will be determined by the Chair and Vice-Chair, and the lead officers for both councils.

Purposes of Joint Health Scrutiny

8. Issues for potential scrutiny include:
 - Major capital projects;
 - Proposals to close services such as hospital wards and GP surgeries;
 - Issues that impact on health inequalities;
 - Issues that affect access to services such as the ending of a service or its relocation to an alternative site, including the availability of appropriate public transport;
 - Performance issues – but only those not already monitored by other bodies;

- Issues that impact widely on public health;
- Issues that impact significantly on the local economy.

Definition of Significant Variation/Development of Health Services

9. There is no national definition. Local authorities are requested to arrive at a local definition following consultation with bodies such as Healthwatch.
10. National guidance states that in considering whether a proposal is substantial, health service organisations, committees and stakeholders should consider generally the impact of the change upon patients, carers and the public who use or have the potential to use a service. More specifically they should take into account:
 - Changes in accessibility of services, for example both reductions and increases on a particular site or changes in opening times for a particular clinic. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including relocation of services. Thus there should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location.
 - Impact of proposal on the wider community, and other services including economic impact, transport, regeneration;
 - Patients affected, changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial;
 - Methods of service delivery, altering the way a service is delivered may be a substantial change – for example moving a particular service into community settings rather than being entirely hospital-based. The views of patients and patient's forums will be essential in such cases.

Notification of Potential Scrutiny Items

11. In line with the national Guidance on Overview and Scrutiny of Health, health bodies will need to notify the lead officer of the Joint Committee secretariat of relevant issues for potential scrutiny. Commissioners and

providers should agree on potential joint health scrutiny items to notify to the joint Committee, and they should also become a standing item on executive level management meetings. Similarly Healthwatch will need to inform the secretariat of any issues they wish to raise. The secretariat will inform the Chair and Vice-Chair of issues raised, so that they can decide on the best way of responding.

Chair and Vice Chair

12. The Chair and Vice Chair from each Social Services authority will be appointed in alternate years from each council. The Vice Chair will always be appointed from the authority not holding the Chair.

Size of Committee

13. It is proposed that the Joint Committee will comprise 8 non-executive members of the City Council and 8 members of the County Council. The County Council should look to include members who represent electoral divisions in the Broxtowe, Gedling, Hucknall and Rushcliffe areas.
14. Allocation of seats will be determined by the two Social Services authorities involved.

Co-opted Members

15. The power of health scrutiny lies with local authorities with responsibility for Social Services i.e. the City Council and County Council for Nottinghamshire. However non-executive district council members can be co-opted to Health Scrutiny Committees on an indefinite basis or for a time-limited period. Similarly Health Scrutiny Committees have the power to co-opt other people, regardless of background, as long as it is felt that they add value to the Committee. The Joint Committee can determine any co-options.

Frequency of Meetings

16. The Joint Committee will usually meet monthly, but must hold a minimum of two meetings per year.

Organisation and Conduct of Meetings

17. Notice of meetings, circulation of papers, conduct of business at meetings and voting arrangements will follow the Standing Orders of the authority which holds the Chair, or such Standing Orders which may be approved by the parent authorities. Meetings will be open to members of the public.

KEY STAKEHOLDERS IN GREATER NOTTINGHAM

Nottinghamshire Social Services Authorities (who comprise the Joint Health Committee)

Nottingham City Council (eight Members)
Nottinghamshire County Council (eight Members)

District Councils

Ashfield District Council (Hucknall area)
Broxtowe Borough Council
Gedling Borough Council
Rushcliffe Borough Council

NHS Trusts

Nottingham University Hospitals NHS Trust
East Midlands Ambulance NHS Trust
Nottinghamshire Healthcare NHS Trust

Clinical Commissioning Groups

Nottingham City Clinical Commissioning Group
Nottingham West Clinical Commissioning Group
Nottingham North and East Clinical Commissioning Group
Rushcliffe Clinical Commissioning Group

NHS England Local Area Team

Health and Wellbeing Boards

Nottingham Health and Wellbeing Board
Nottinghamshire Health and Wellbeing Board

Healthwatch

Healthwatch Nottingham
Healthwatch Nottinghamshire