

Leicester  
City Council

**WARDS AFFECTED**  
All Wards

**Leicestershire, Leicester and Rutland Joint  
Health Scrutiny Committee**

**21 July 2008**

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**Working Arrangements, Terms of Reference and Work Programme**

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**Report of the Director of Resources**

**1. Purpose of Report**

The purpose of this report is to confirm the working arrangements for the Joint Committee and to note the current Work Programme.

**2. Recommendations**

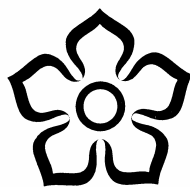
The Committee is recommended to confirm these working arrangements.

**3. Headline Financial and legal Implications**

Provision exists for the City Council to resource the Committee as set out in the report and in accordance with the arrangements agreed in 2005. The proposals are in line with the City Council's Constitution.

**4. Report Author/Officer to contact:**

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Health Overview and Scrutiny Committee**

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**Working Arrangements and Work Programme**

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**SUPPORTING INFORMATION**

**1. Report**

**Working Arrangements**

No substantive changes are proposed to the working arrangements. The arrangements have been updated to reflect the establishment of Local Involvement Networks (LINKs) in place of Patient and Public Involvement Forums (PPIFs).

**Work Programme**

The following items have been identified as forthcoming matters for the Joint Committee:-

September 2008:

Foundation Trust Update (UHL/LPT/EMAS)  
Next Stage Review (LCPCT lead (for) UHL/LPT/EMAS/LCRPCT)  
PPIF referral (UHL interim Chief Executive payments) (Trust external auditors/UHL)  
Specialised Commissioning (East Midlands Specialised Commissioning Unit)

November 2008:

HCC Standard 15a (Food) (LPT)  
National Institute for Health and Clinical Excellence (timing tbc)  
Reprovision of NHS Campus Accommodation (timing tbc)  
Patient Transport Service (EMAS)

March 2009:

Healthcare Commission Standards (all Trusts)

In response to points raised by the Committee in 2007/08, the following issues will be addressed by written briefing:

MRSA and the Ambulance Service (EMAS)

Blanket storage at Ambulance Stations (EMAS)

Use of alcohol hand gel in mental healthcare facilities (LPT)

In addition to the planned programme, the Committee will continue to be responsive to developments in health and social care services in Leicestershire, Leicester and Rutland as they happen. It is also intended that site visits will continue to take place in 2008/09.

## **2. FINANCIAL, LEGAL AND OTHER IMPLICATIONS**

### **2.1. Financial Implications**

None additional to headline.

### **2.2 Legal Implications**

None additional to headline.

## **3. Other Implications**

OTHER IMPLICATIONS	YES/NO	Paragraph Within Supporting information	References
Equal Opportunities	<b>No</b>		
Policy	<b>No</b>		
Sustainable and Environmental	<b>No</b>		
Crime and Disorder	<b>No</b>		
Human Rights Act	<b>No</b>		
Elderly/People on Low Income	<b>No</b>		

## **4. Background Papers – Local Government Act 1972**

None.

**5. Consultations**

Leicestershire County Council

**5. Report Author**

Kate Owen, Members Support Officer

**1. Membership**

The Membership of the Committee will total 16 members – 7 members nominated by the County Council, 7 by the City Council and 2 by Rutland County Council. In view of the size of the Committee and the range of its responsibilities, it is considered that there should be no co-opted members.

**2. Chair and Vice-Chair**

The position of Chair will rotate between the County Council and the City Council on a two-year cycle. The Vice-Chair will be from the Authority not holding the Chair. The City Council will nominate the Chair for the period June 2007-2009 and the County Council for the two year period thereafter.

**3. Secretariat**

The Secretariat will be provided by the Authority nominating the Chair. The Secretariat will liaise with all three authorities in drawing up the agenda. The Constitution/Standing Orders of the Authority providing the Secretariat will apply to the Joint Committee.

**4. Policy Support**

Both the County Council and the City Council will have an Officer to assist the Health Scrutiny Process – in the case of the County Council this will be a Policy Officer and in the case of the City Council this will be a Members Support Officer.

Both officers will liaise with and assist the Secretariat in drawing up the agenda and undertaking or commissioning research from within their respective Councils on behalf of the Joint Committee. Liaison will take place with the nominated officer(s) from Rutland Council.

**5. Agenda Planning and Briefing**

The Chair and Vice-Chair will be consulted on the agenda. Arrangements will be made for providing information on agenda items to Rutland at an early stage.

Any member of the Joint Committee will be entitled to ask for an issue to be placed on the agenda. Any such request should be in writing and accompanied by the reason for raising the item. If appropriate, the Secretariat may discuss with the member whether other means of addressing the issue have been explored and the outcome of this (e.g. has it been raised with the relevant Trust and what response was received). The Secretariat may report on such other means and outcomes to the Joint Committee.

A joint briefing arrangement will operate for the Group Spokespersons from the City and County Councils, and one Rutland representative. The briefing meeting will be held on the same day as the meeting, one hour before the meeting is due to start.

In planning agendas, members will bear in mind the purpose of the Joint Committee, namely, to achieve a co-ordinated response from the three authorities on key issues of common interest within the health agenda and to avoid duplication whilst recognizing that authorities may wish to carry out separate scrutiny exercises in the light of the particular circumstances of their areas and priorities of their authority.

These arrangements will be reviewed periodically.

## 6. Terms of Reference

- i) To scrutinise the activities of Health Trusts with responsibility for health service functions across the area of the three authorities (i.e. University Hospitals Leicester Trust, Leicestershire Partnership Trust, East Midlands Ambulance Service and the Strategic Health Authority).
- ii) To scrutinize and comment on the exercise by all other NHS bodies of functions on a strategic basis or which affect the areas of the three authorities.
- iii) To respond to any consultations by the Health bodies referred to in (i) above, including those which involve a substantial variation in provision of such service.
- iv) To respond to other consultations issued by all the NHS bodies which affect the areas of the three authorities.

[Note:

1. The three Authorities have in place arrangements for co-ordinating scrutiny of functions of bodies falling within (i) and (ii) and to consultations referred to in (iv). Work falling within these will only be dealt with by the Joint Committee if agreement to that effect is reached by all three authorities;

2. The terms of reference allow for issues referred by the PPIFs and/or members of the public to be considered if it is considered appropriate to do so and if there is no other appropriate means for addressing such issues.]

## 8. Voting

All decisions will be made by a majority vote of Members present at the Committee. In the event of an equality of votes, the chair will have a second and casting vote. Where a casting vote is exercised this will be recorded in the minutes.

A minority report may be prepared and submitted to the relevant NHS body (or Secretary of State) along with the majority report in the following circumstances:-

- (i) when a majority of members of a particular Authority disagree with the findings; and
- (ii) when at least one quarter of the members of the joint committee disagree.

## 9. Referrals

Referrals to the Joint Committee from individual health scrutiny committees should be carefully monitored and the reasons for the referral should be included in any report.

Referrals from the Local Involvement Network(s) (LINKs) will be looked at critically to avoid overloading the Joint Committee. Referrals should not be used as a substitute for other processes.

The Committee will develop a protocol with the LINK(s) in relation to referrals, consultations, etc, based on the protocol previously held with the Patient and Public Involvement Forums. That protocol required that all referrals to the Joint Committee should be accompanied by the views of the PPIFs on the matter concerned, the consultation processes undertaken and, importantly, reasons for the referral including what added value the Joint Committee can bring to the issue and what the PPIF expect the Joint Committee to do.

## 10. Media/Publicity Protocol

Where time permits, any press releases or publicity on behalf of the Committee should be undertaken after consulting all Spokespeople. Where this is not possible the Chair and Vice Chair of the Committee will be authorised to issue press releases on the basis that these will be copied/e-mailed to all Group Spokespeople.

Responsibility for public and media relations on behalf of the Committee lies with the Authority responsible for the Secretariat.