

Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

Working arrangements and Terms of Reference – endorsed by the Joint Committee on (date to be inserted when the Terms of Reference have been endorsed)

1. Membership

The Membership of the Committee will total 16 voting members – 7 members nominated by the County Council, 7 by the City Council and 2 by Rutland 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.

Each Healthwatch body in Leicestershire, Leicester and Rutland will be invited to send a non-voting representative to the meeting.

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 May 2018 to May 2019 and the County Council and City Council will then rotate the position of Chair and Vice-Chair in each two year cycle afterwards.

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 provide an officer to assist the Health Scrutiny Process.

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 be provided for the Chair and Vice-Chair with officer support. 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.

1. Scope of the Joint Committee

- i) The Joint Committee is the appropriate body to be consulted by NHS England on any proposals in accordance with Regulation 30 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The regulation provides that where the appropriate person (NHS England) has any proposals for a substantial development or variation of a health service in an area they must consult the local authority. Where the consultation affects more than one local authority in an area, the local authorities are required to appoint a Joint Committee to comment upon the proposal and to require a member or employee of the responsible person to attend its meeting and respond to questions in connection with the consultation.

The Regulation does not prevent constituent Councils of the Joint Committee considering the issues separately; but it is the responsibility of the Joint Committee to formally respond to the consultation process.

- ii) The Regulations also provide that a Council may refer a proposal to the Secretary of State where:-
 - it not satisfied that the consultation has been adequate in relation to content or time;
 - it is not satisfied with the reasons given for the change in services; or
 - it is not satisfied that that the proposal would be in the interests of the health service in its area.
- iii) A referral to the Secretary of State must be made by the full Council of a constituent authority unless the full Council has delegated the function to a Committee of the Council or to the Joint Health Scrutiny Committee.

2.

- i) To scrutinize and comment on the exercise by all other NHS bodies of functions or proposals on a strategic basis which affect the areas of all three authorities.
- ii) To scrutinize the activities of Health Trusts with responsibility for health service functions across the area of the three authorities (i.e. UHL Trust, Leicestershire Partnership Trust, East Midlands Ambulance Service, Public Health England and the NHS England etc).
- 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.

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 Healthwatch should be looked at critically to avoid overloading the Joint Committee. The City and County Councils have protocols in place to ensure that referrals are not used as a substitute for other processes.

10. Media/Publicity Protocol

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

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