



meeting OVERVIEW SELECT COMMITTEE

date 10 DECEMBER 2003

agenda item number

REPORT OF THE CHIEF EXECUTIVE

JOINT HEALTH SELECT COMMITTEE – TERMS OF REFERENCE

Purpose of the Report

1. The purpose of this report is to consider terms of reference for a Joint Health Select Committee with Nottingham City Council and to refer them to the County Council meeting on 18 December.

Background

2. At its meeting on 11 June 2003, this Committee considered Government guidance on conducting health scrutiny. It was resolved that the Health Select Committee should consider proposals for implementing the Guidance.

Joint Health Select Committee

3. The Guidance allows for councils to establish Joint Committees if they feel it is appropriate. As the City Hospital, the Queen's Medical Centre and the Healthcare Trust cover both the City and Greater Nottingham areas, both County and City Council Health Committees felt that it would be appropriate to consider a Joint Committee to avoid the duplication of these bodies reporting separately to each one.

Terms of Reference

4. The latest version of the terms of reference to facilitate the Joint Committee is attached. The City Council is currently considering these terms of reference as well. The Committee is asked to consider them.

Next Steps

5. The terms of reference will need to be considered by the County Council on 18 December. It is hoped that the first meeting of the Joint Committee can be held in late January.

Recommendations

6. It is recommended that:

- (i) the Committee considers the draft terms of reference for a Joint Health Committee with Nottingham City Council ;
and
- (ii) the terms of reference are referred to the County Council meeting on 18 December 2003.

Roger Latham
Chief Executive

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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 *December 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 on the Greater Nottingham area (i.e. both the Nottingham City Council area and the Gedling, Broxtowe, Hucknall and Rushcliffe areas of Nottinghamshire).
4. A list of stakeholders is attached as Appendix A.

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 of the Joint Committee, 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 Substantial Development/ Variation 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 Patients Forums. These are not due to be established until December 2003 so this part of the protocol will need revising in light of those discussions.
10. National guidance states that in considering whether a proposal is substantial, NHS bodies, 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 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. Acute Trusts and PCTs 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 the Patients Forums 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 non-executive 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 the 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 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 meet as and when required with 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.

Officer Support

18. The secretariat for 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.

Reports from the Joint Committee

19. When the Joint Committee has completed a scrutiny review, it should produce one report on behalf of the committee. The report should reflect the views of both the City Council and County Council committees and so the aim should be for consensus whenever possible.
20. The NHS body or bodies receiving the report must respond in writing to any requests for responses to the report or recommendations, within 28 days of receipt of the request.

APPENDIX A

KEY HEALTH STAKEHOLDERS IN GREATER NOTTINGHAM

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

Nottingham City Council

- List the 8 Members when appointed

Nottinghamshire County Council

- List the 8 Members when appointed

District Councils

Ashfield District Council (Hucknall area)

Broxtowe Borough Council

Gedling Borough Council

Rushcliffe Borough Council

Strategic Health Authority

Trent Strategic Health Authority

NHS Trusts

City Hospital Acute Trust

East Midlands Ambulance Trust

Nottinghamshire Healthcare Trust

Queen's Medical Centre Trust

Primary Care Trusts (PCT)

Broxtowe and Hucknall PCT

Gedling PCT

Nottingham PCT

Rushcliffe PCT

Community Health Council (CHC)

Nottingham CHC (until 1 December 2003)

Patient and Public Involvement Forums

To be established from 1 December 2003 for each of the following Trusts and PCTs:

Broxtowe and Hucknall PCT

Gedling PCT

Nottingham PCT
Rushcliffe PCT
City Hospital Trust
East Midlands Ambulance Trust
Nottinghamshire Healthcare Trust
Queen's Medical Centre Trust