

ITEM No

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

15 April 2008

REPORT OF THE HEAD OF OVERVIEW AND SCRUTINY - NOTTINGHAM CITY COUNCIL

REVIEW OF THE JOINT HEALTH SCRUTINY COMMITTEE PROTOCOL

1 SUMMARY

This report provides an opportunity to review the protocol for the operation of the Joint Committee.

2 MATTERS FOR CONSIDERATION

It is recommended that the Joint Committee consider the information contained within the report and amend the protocol where necessary.

3 THE JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

- 3.1 The primary aims of health overview and scrutiny are to ensure that:
- health services reflect the views and aspirations of local communities
 - all sections of local communities have equal access to services
 - all sections of local communities have an equal chance of a successful outcome from services.
- 3.2 The Joint City and County Health Scrutiny Committee is responsible for scrutinising decisions made by NHS Trusts which affect the whole conurbation of Nottingham. Generally this relates to decisions made by
- Nottingham University Hospitals Trust,
 - Nottinghamshire Healthcare Trust and
 - East Midlands Ambulance Service.
- However, on occasion, the City and County PCTs make decisions which impact upon the wider conurbation and these too are considered by the Joint Committee. The City Health Scrutiny Panel examines matters which impact primarily on the city whilst the County's health scrutiny function examines matter which impact primarily on the County.
- 3.3 In addition to scrutinising the operation of these trusts, the Joint Committee receives notification for changes to local NHS services and is a statutory consultee that must be consulted by the Trusts identified in paragraph 3.1 when making substantial changes or developments to

services. The aim of formally consulting the Joint Committee is to consider:

- whether, as a statutory body, the Joint Committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
- whether a proposal for changes is in the interests of the local health service.

4 Protocol for operation of the Joint Committee

- 4.1 At the meeting on 21 June 2005 Members agreed a protocol for the operation of the Joint Committee. The Protocol was reviewed and amended on 11 July 2006 to reflect the reconfiguration of local health trusts. The protocol was reviewed on 12 June 2007 and no amendments made.
- 4.2 The protocol is attached at Appendix A. Paragraph 2 of the protocol requires that the Joint Committee review the protocol on an annual basis.
- 4.3 At the meeting on Tuesday 11 March 2008 Members requested that consideration be given to the boundaries that the Joint Health Scrutiny Committee operates within.
- 4.4 The Protocol currently sets the Joint Committee's work 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).
- 4.5 The operation of the Joint Health Scrutiny Committee within this remit has been praised repeatedly by external assessors and should not be compromised. However it should also be recognised that there may be occasions where the Joint Health Scrutiny Committee wishes to consider a health matter that is wider than the Greater Nottingham boundary – a current example of this being the commissioning of the Patient Transport Service.
- 4.6 There are also examples of NHS Trusts operating in Nottingham and Nottinghamshire that are not scrutinised strategically as a whole Trusts because of local government boundaries – an example being Nottinghamshire Healthcare Trust.
- 4.7 Members may wish to consider whether the Protocol should be amended so that, in addition to health matters affecting the Greater Nottingham area, the Joint Committee should be able to consider health matters that affect the Greater Nottingham area and beyond. To protect the integrity of scrutiny across the Greater Nottingham area it is

recommended that, if such an amendment were made, that the focus of the Joint Committee should be on the scrutiny of health matters affecting the Greater Nottingham area and that wider areas are only considered where particularly relevant.

- 4.8 If the Joint Committee chose to consider an issue wider than the Greater Nottingham area then it should be mindful of the views of the relevant City or County health OSC and should not duplicate work being conducted by other committees.
- 4.9 If Members wish to amend the protocol then the following paragraph would be inserted at paragraph 3:

where an NHS Trust operates over a wider area than the Greater Nottingham area, the Joint Committee will scrutinise any health matter that affects the Greater Nottingham area and the wider area but will defer to the relevant City or County Health OSC if requested by the relevant health scrutiny committee.

- 4.10 The list of stakeholders identified in the protocol includes Patient and Public Involvement Forums (PPIF). PPIFs ceased to exist on 31 March 2007 and will be replaced by Local Involvement Networks (LINKs). It is recommended that the protocol be amended to reflect this.
- 4.11 The Protocol allows for the co-option of district councillors onto the Joint Committee. District Councils will be partners to new county local area agreements containing local health priorities and targets and have an interest in both the delivery and scrutiny of local health and housing matters. From 2009 Nottingham City Council, Nottinghamshire County Council and the District Councils will be assessed on the delivery of their LAAs through a Comprehensive Area Assessment.
- 4.12 The Joint Committee may wish to give consideration to co-opting a non-executive Member from Ashfield (Hucknall) District Council, Broxtowe, Gedling and Rushcliffe Borough Councils to contribute to the Joint Committee in 2008-09.
- 4.13 Potential amendments to the protocol are highlighted at Appendix A.

5 SUPPORTING INFORMATION

None

6 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING EXEMPT OR CONFIDENTIAL INFORMATION

None

7 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Reports and minutes of the meetings of the Joint City and County Health Scrutiny Committee held on 11 July 2006 and 12 June 2007.
CfPS Substantial Variations and Developments of health services – a guide, December 2005

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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 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).
 - *where an NHS Trust operates in an area wider than the Greater Nottingham area, the Joint Committee will scrutinise any health matter that affects the Greater Nottingham area and the wider area but will defer to the relevant City or County Health OSC if requested by that health scrutiny committee*
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 Patients' Forums.
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 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 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.

Joint Health Scrutiny Protocol

Adopted May 2005

Reviewed July 2006

June 2007

Amended July 2006

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 *(Co-opt one Member from each district council on to the Joint Health Committee)*

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

Strategic Health Authority

NHS East Midlands Strategic Health Authority

NHS Trusts

Nottingham University Hospitals Trust
East Midlands Ambulance Trust
Nottinghamshire Healthcare Trust

Primary Care Trusts (PCT)

Nottingham PCT
Nottinghamshire County Teaching PCT

NB: For the day to day business, the PCTs will report to the Health Scrutiny Committee of the relevant Social Services authority. From time to time however, the PCTs may become involved in business that affects the wider conurbation and it is on these occasions that they should report to the Joint Committee.

Patient and Public Involvement Forums (PPIF)

Nottingham University Hospitals PPIF
East Midlands Ambulance PPIF
Nottinghamshire Healthcare PPIF
Nottingham PPIF
Nottinghamshire County PPIF

Local Involvement Networks (LINKs)

Nottingham City LINK
Nottinghamshire LINK