

**ITEM No****JOINT CITY AND COUNTY  
HEALTH SCRUTINY COMMITTEE****21 JUNE 2005****REPORT OF THE CHAIR OF THE JOINT CITY AND COUNTY HEALTH  
SCRUTINY COMMITTEE****INTRODUCTION TO THE JOINT CITY AND COUNTY HEALTH SCRUTINY  
COMMITTEE****1. SUMMARY**

This report provides an introduction to the role and work of the joint City and County Health Scrutiny Committee and outlines the statutory responsibilities of the Committee. It also invites Members to decide whether they wish to review the responsibilities and workings of the Committee.

The Centre for Public Scrutiny is offering five days of Health Scrutiny development support free of charge. The City and County put in a joint bid for the support and it is anticipated that a programme of support will commence in September. It is proposed that an evaluation of the protocol and established ways of working could be conducted as part of this programme with support from the Centre for Public Scrutiny Advisor.

I recommend that Members confirm the protocol and established ways of working with a view to evaluating them later in the Municipal Year.

I also recommend that Members note the remainder of the report.

**2. JOINT HEALTH SCRUTINY****2.1 Background**

2.1.1 The Joint City and County Health Scrutiny was formed in order to carry out duties placed upon local authorities with social services responsibilities by the Health and Social Care Act 2001. The act placed a duty on local authorities to scrutinise the planning, provision and operation of health services. It also required NHS Services to consult with the relevant Overview and Scrutiny body if they were proposing any substantial developments of services or any substantial variation in service provision.

2.1.2 Where a change to an NHS service is likely to impact upon a geographical area larger than that covered by a single local authority, the Act requires the formation of a Joint Health Scrutiny Committee. Joint Committees can also examine health issues which cut across administrative boundaries.

2.1.3 To meet this criterion Nottingham City and Nottinghamshire County Council established the Joint City and County Health Scrutiny Committee. This Committee would receive and respond to consultations from NHS bodies

which impact upon the conurbation of Nottingham. This would include substantial variation or developments to, for example, services provided by the two major hospitals in the city, the East Midlands Ambulance Service and the Nottinghamshire Healthcare Trust. It was also decided that a representative of each of the district councils which form part of the conurbation of Nottingham (Ashfield, Broxtowe, Gedling and Rushcliffe) would be invited to join the Committee.

## 2.2 Terms of Reference

2.2.1 The terms of reference for the Committee are as follows:

“To scrutinise health matters which impact on the Greater Nottingham area (i.e. both the Nottingham City Council area and the Broxtowe, Gedling, Hucknall and Rushcliffe areas of Nottinghamshire).”

2.2.2 A full protocol for the operation of the Joint City and County Health Scrutiny is attached as appendix A to this report. The protocol states that the responsibilities and workings of the Committee should be reviewed on an annual basis. Members may wish to consider whether they wish to carry out such a review.

## 3. SUPPORTING INFORMATION

None

## 4. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING EXEMPT OR CONFIDENTIAL INFORMATION

None

## 5. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Health and Social Care Act 2001

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**1 June 2005**

## **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).
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.

## **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

### **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

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)**

City Hospital PPIF  
East Midlands Ambulance PPIF  
Nottinghamshire Healthcare PPIF  
Queen's Medical Centre PPIF  
Broxtowe and Hucknall PPIF  
Gedling PPIF  
Nottingham PPIF  
Rushcliffe PPIF