

NORFOLK AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE

DRAFT TERMS OF REFERENCE

1.	Legislative basis
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
1.3	<p>Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that joint committee may:</p> <ul style="list-style-type: none"> • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
1.4	This joint committee has been established on a task and finish basis, by Norfolk County Council and Suffolk County Council.
2.	Purpose
2.1	<p>The purpose of the joint committee is:-</p> <p>To receive, consider and respond to proposals for reconfiguration of services arising from the implementation of Norfolk and Waveney Sustainability Transformation Plan and affecting patient pathways for the populations of Norfolk and Waveney in relation to:</p> <ul style="list-style-type: none"> • the extent to which the proposals are in the interests of the health service in Norfolk and Waveney; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable
2.2	To make a timely response to the consulting body and other appropriate agencies on the proposals.

2.3	To consider and comment on the extent to which patients and the public have been involved in the development of the proposals and the extent to which their views have been taken into account.
2.4	The joint committee may receive, consider and respond to a number of consultations during the implementation of the Norfolk and Waveney Sustainability Transformation Plan and may adjourn for periods between consultations.
2.5	The joint committee will not receive, consider or respond to consultations on proposals for which the geographic footprint corresponds to the areas covered by Norfolk Health Overview and Scrutiny Committee or Great Yarmouth and Waveney Joint Health Scrutiny Committee. The joint committee may receive consider and respond to consultation on proposals for which the geographic footprint includes Waveney and any part of Norfolk beyond the Great Yarmouth Borough area.
3.	Membership/chairing
3.1	The joint committee will consist of the 17 members including the 15 members of Norfolk Health Overview and Scrutiny Committee and 2 members of Suffolk Health Scrutiny Committee. One of the Suffolk Health Scrutiny Committee representatives will be the Waveney District Council representative on Suffolk Health Scrutiny Committee and the other will be a County Councillor member of Suffolk Health Scrutiny Committee.
3.2	Each authority may nominate a substitute member for each member of the joint committee. Only a nominated substitute may attend in the event of a member's absence.
3.3	The proportionality requirement will not apply to the joint committee, provided that each authority participating in the joint committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	The individual authorities will decide whether or not to apply political proportionality to their own members.
3.5	The Chairman of Norfolk Health Overview and Scrutiny Committee will chair the joint committee. The joint committee will elect a Vice-Chairman at its first meeting.
3.6	The joint committee will be asked to agree its Terms of Reference at its first meeting.
3.7	Each member of the joint committee will have one vote.
4.	Co-option

4.1	The joint committee may co-opt representatives of up to a maximum of four organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights.
4.2	Any organisation with a co-opted member may send a substitute member.
5.	Supporting the Joint Committee
5.1	The lead authority will be Norfolk County Council.
5.2	<p>The lead authority will act as secretary to the joint committee. This will include:</p> <ul style="list-style-type: none"> • appointing a lead officer to advise and liaise with the Chairman and joint committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned; • providing administrative support; • organising and minuting meetings.
5.3	The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.
5.4	Where the joint committee requires advice as to legal or financial matters, the participating authorities will agree how this advice is obtained and any significant expenditure will be apportioned between participating authorities. Such expenditure, and apportionment thereof, would be agreed between the participating authorities before it was incurred.
5.5	The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the joint committee. Other costs will be apportioned between the authorities. If the joint committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.
5.6	Suffolk County Council will appoint a link officer to liaise with the lead officer and provide support to the members of the joint committee.
5.7	Meetings shall be held at venues, dates and times determined by the lead authority.
6.	Powers
6.1	<p>In carrying out its function the joint committee may:</p> <ul style="list-style-type: none"> • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information about the proposals;

	<ul style="list-style-type: none"> • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a joint committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back. • make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee. • consider the NHS bodies' response to its recommendations; • refer the proposal to the Secretary of State if the joint committee considers: <ul style="list-style-type: none"> ➤ it is not satisfied that consultation with the joint committee has been adequate in relation to content, method or time allowed; ➤ that the proposal would not be in the interests of the health service in its area.
7.	Public involvement
7.1	The joint committee will meet in public, and papers will be available at least 5 working days in advance of meetings
7.2	The participating authorities will arrange for papers relating to the work of the joint committee to be published on their websites, or make links to the papers published on the lead authority's website as appropriate.
7.3	A press release will be circulated to local media at the start on the establishment of the joint committee and when it is reconvened after any period of adjournment..
7.4	Local media will be notified of all meetings.
7.5	Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.
7.6	Members of the public attending meetings may be invited to speak at the discretion of the Chairman.
8.	Press strategy
8.1	The lead authority will be responsible for issuing press releases on behalf of the joint committee and dealing with press enquiries
8.2	Press releases made on behalf of the joint committee will be agreed by the Chairman or Vice-Chairman of the joint committee.
8.3	Press releases will be circulated to the link officers.
8.4	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the joint committee.

9.	Report and recommendations
9.1	The lead authority will prepare a draft report on the deliberations of the joint committee, including comments and recommendations agreed by the committee. The report will include whether recommendations are based on a majority decision of the committee or are unanimous. The draft report will be submitted to the representatives of participating authorities for comment.
9.2	The final version of the report will be agreed by the joint committee Chairman.
9.3	In reaching its conclusions and recommendations, the joint committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority concerned.
9.4	The report will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised.
9.5	If the joint committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are “reasonably practicable” to try to reach agreement in relation to the subject of the recommendation.
9.6	If the joint committee does not comment on the proposals, or the comments it provides do not include recommendations, the joint committee must inform the NHS body as to whether it intends to exercise its power to refer the matter to the Secretary of State and, if so, the date by which it proposes to do so.
9.7	<p>In the event that the joint committee refers the matter to the Secretary of State the report made will include:-</p> <ul style="list-style-type: none"> • an explanation of the proposal to which the report relates; • the reasons why the joint committee is not satisfied; • a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area; • an explanation of any steps taken to try to reach agreement in relation to the proposal; • evidence to demonstrate that the joint committee has complied with arrangements for appropriate notification of timescales for its decision to refer; • an explanation of the reasons for the making of the report; and • any evidence in support of those reasons.
9.8	<p>The joint committee may only refer the matter to the Secretary of State:-</p> <ul style="list-style-type: none"> • in a case where the joint committee has made a recommendation which the NHS body disagrees with, when;

	<ul style="list-style-type: none"> i) the joint committee is satisfied that all reasonably practicable steps have been taken by the NHS body and the joint committee to reach agreement; or ii) the joint committee is satisfied that the NHS body has failed to take all reasonably practicable steps to reach agreement. <ul style="list-style-type: none"> • if the requirements regarding notification of the intention to refer above have been adhered to.
10.	Quorum for meetings
10.1	The quorum will be a minimum of five members with at least one from each of the participating authorities.