



Report to South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview & Scrutiny Committee 24th March 2020

Report of: Policy & Improvement Officer

Subject: Amendments to the Joint Health Overview and Scrutiny Committee Terms of Reference

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Summary:

The Terms of Reference for the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee have been amended following changes to the membership and operation of the Committee. The revised Terms of Reference are attached for the Committee's approval.

It is also proposed that the Committee carries out a more detailed review of its role and remit in the new municipal year, given the changes to the regional health system since the Committee was established in 2016.

Type of item:

Reviewing of existing policy	x
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The Scrutiny Committee is being asked to:

- Agree the amended Terms of Reference
 - Agree to carry out a more detailed review of the role and remit of the committee in the new municipal year
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Category of Report: OPEN

Amendments to the Joint Health Overview and Scrutiny Committee Terms of Reference

1. Introduction

- 1.1 The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee was established in 2016 to consider changes to health services over the 'Commissioners Working Together' footprint. Since then the health and social care system in South Yorkshire and Bassetlaw has evolved into an Integrated Care System; there have been changes to the membership of the commissioning and scrutiny arrangements, and the operating model of the Joint Health Overview and Scrutiny Committee has changed. This report sets out the proposed changes to the terms of reference, which are attached at appendix 1.

2. Changes to the Terms of Reference

2.1 Wakefield

The Commissioners Working Together Programme included Wakefield CCG in its commissioning arrangements, and therefore Wakefield MBC was a member of the Joint Health Overview and Scrutiny Committee. As the South Yorkshire and Bassetlaw Integrated Care System has developed over a slightly different geographical footprint, Wakefield CCG is no longer a part of the commissioning arrangements. Wakefield MBC has therefore withdrawn from the scrutiny arrangements. The terms of reference, including the name of the committee have been amended to reflect this.

2.2 CCG Mergers

The original terms of reference stated that the Joint Health Overview and Scrutiny Committee covered Hardwick CCG and North Derbyshire CCG. Since then, these CCGs have merged to become Derby and Derbyshire CCG. The amended terms of reference reflect this.

2.3 Committee Working Arrangements

When the Joint Health Overview and Scrutiny Committee was established, the hosting and chairing of the meetings rotated between participating local authorities. Since then, the Committee has decided that to provide continuity and consistency, one local authority should chair and host. This is currently Sheffield. The terms of reference have been amended to reflect this.

3 Further review

- 3.1 Recognising that there have been significant changes to the health and social care system since the JHOSC was established in 2016, the JHOSC is asked to consider a more detailed review of its role and remit in the new municipal year. This would ensure that there is clarity over the committee's purpose, a shared understanding of where decisions are

being made in the health service and who is responsible for scrutinising them, and that scrutiny arrangements are in line with national best practice.

4. Recommendation

4.1 The Committee is being asked to

- Agree the amended Terms of Reference
- Agree to carry out a more detailed review of the role and remit of the committee in the new municipal year

**Terms of Reference for the South Yorkshire, Derbyshire
and Nottinghamshire Joint Health Overview and
Scrutiny Committee**

The South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to health service reconfigurations or any health service related issues covering this geographical footprint:

- a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- c) To comment on, make recommendations about, or report to the Secretary of State in writing about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2014.
- e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Principles

- The purpose of the committee is to ensure that the needs of local people are an integral part of the delivery and development of health services across this geographical footprint.
- The committee's aim is to ensure service configuration achieves better clinical outcomes and patient experience.
- As new NHS work streams and potential service reconfigurations emerge, the JHOSC will determine whether it is appropriate for the committee to jointly scrutinise the proposals under development. Each local authority reserves the right to consider issues at a local level.
- All Members, officers, members of the public and patient representatives involved in improving health and health services through this scrutiny committee will be treated with courtesy and respect at all times.

Membership

- The Joint Committee shall be made up of six (non-executive) members, one from each of the constituent authorities.
- A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee who will have voting rights in place of the absent member.
- Quorum for meetings of the Joint Committee will be three members from local authorities directly affected by the proposals under consideration.

The 6 Committee Member Authorities are:

Barnsley MBC
Derbyshire County Council
Doncaster MBC
Nottinghamshire County Council
Rotherham MBC
Sheffield City Council

Covering NHS England and the following 6 NHS Clinical Commissioning Groups (CCGs):

Barnsley CCG
Bassetlaw CCG
Doncaster CCG
Derby and Derbyshire CCG
Rotherham CCG
Sheffield CCG

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.
- The Committee will agreed the hosting and chairing arrangements. Meetings will take place in the Town Hall of the local authority hosting the meeting.
- Agenda, minutes and committee papers will be published on the websites of all the local authorities 5 working days before the meeting.
- There is a standing agenda item for public questions at every meeting. Time allocated for this will be at the discretion of the Chair.
- Members of the public are encouraged to submit their questions 3 working days in advance of the meeting to enable Committee Members time to consider issues raised and provide an appropriate response at the meeting.
- The Committee will identify and invite the appropriate NHS witnesses to attend meetings.

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