

MIDDLESBROUGH COUNCIL

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

12 July 2019

<p>DRAFT PROTOCOL</p>

PURPOSE OF THE REPORT

1. To introduce to Members the draft protocol for the South Tees Health Scrutiny Joint Committee for their approval.

RECOMMENDATIONS

2. That the South Tees Health Scrutiny Joint Committee approve the protocol.

SUMMARY

3. The protocol is a framework for assisting with the joint committee arrangements for carrying out scrutiny of relevant health service providers and commissioners in Middlesbrough and Redcar and Cleveland, under powers contained in the Health and Social Care Act 2001, the NHS Act 2006 and the Health and Social Care Act 2012.
4. The protocol is reviewed annually to ensure it remains up to date with any legislative changes and reflects the current health landscape across the South Tees area.

BACKGROUND PAPERS

Appendix 1 – Draft Protocol

Draft Protocol for the South Tees Health Scrutiny Joint Committee

1. This Protocol has been developed as a framework for carrying out scrutiny of relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland under powers for local authorities to scrutinise the NHS contained in the Health and Social Care Act 2001, the NHS Act 2006 and the Health and Social Care Act 2012. The experience of all those involved in health scrutiny will inform the development of the protocol. The protocol will be reviewed at the first meeting of a new municipal year and shared for information with all stakeholders.

Local Authorities involved

2. Middlesbrough Council and Redcar & Cleveland Council

Primary Care involved

3. NHS bodies, relevant health service providers and the South Tees Clinical Commissioning Group (CCG)

South Tees Health Scrutiny Joint Committee

4. A South Tees Health Scrutiny Joint Committee ("the Joint Committee") comprising Middlesbrough Council and Redcar & Cleveland Council exists to undertake joint scrutiny of NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland, and the work of the single Health & Wellbeing Board.

Terms of Reference

5. The Joint Committee has the following terms of reference:
 - i) To facilitate the exchange of information about planned health scrutiny work and to share information and outcomes from local health scrutiny reviews;
 - ii) To consider proposals for scrutiny of issues and topics in relation to NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland in order to ensure that the value of proposed scrutiny exercises are not compromised by lack of input from appropriate sources and that the South Tees CCG is not over-burdened by similar reviews taking place in a short space of time;
 - iii) To carry out scrutiny reviews of issues and topics relating to NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland.

- iv) To act as a statutory consultee as appropriate in any formal consultation process as prescribed by section 7 of the Health & Social Care Act 2001, developed in Section 244 of the NHS Act 2006 and the Health and Social Care Act 2012.
- 6. The Joint Committee may wish to scrutinise services provided for South Tees residents outside the Tees Valley. The Joint Committee will liaise with relevant providers to determine the best way of achieving this.
- 7. Scrutiny of NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland will focus on improving health services and the health of South Tees residents. Individual complaints about health services will not be considered. However, the Joint Committee may scrutinise trends in complaints where these are felt to be a cause for concern and where appropriate, may take preliminary steps to ascertain whether individual complaints represent the norm or the exception.
- 8. The aim will be for the Joint Committee to reach a consensus on the issues to be subject to scrutiny, but this may not always be possible. In these circumstances, it is recognised that each council can conduct its own health scrutiny reviews when they consider this to be in the best interests of their residents.
- 9. The basis of joint scrutiny will be co-operation and partnership within mutual understanding of the following aims:
 - a) to improve the health of local people and to tackle health inequalities,
 - b) ensuring that people's views and wishes about health and health services are identified and integrated in to plans and services that achieve local health improvements;
 - c) scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.
- 10. Proposals for individual scrutiny reviews shall be submitted to the Joint Committee with relevant background information.

Membership

- 11. The Joint Committee will comprise 10 councillors (5 from Middlesbrough and 5 from Redcar & Cleveland - supported by appropriate officers as necessary) on the basis of political proportionality. The terms of office of representatives will be for one year from the date of the annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the Joint Committee

secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.

12. Local Authorities will be entitled to nominate substitutes. Named substitutes shall be entitled to attend meetings of the Joint Committee as non-voting observers in order to familiarise themselves with issues under review.
13. The quorum of the Joint Committee shall be 4, as long as both local authorities are represented.

Chair and Vice-Chair

14. The Chair of the Joint Committee will rotate between the two authorities. The Joint Committee shall have two Vice-Chairs, one from each authority. At the first meeting each year, the Joint Committee shall appoint as Chair and Vice-Chairs the Councillors nominated by the relevant councils. If the Chair and Vice-Chairs are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting.

Administration

15. The secretariat support for the Joint Committee will align with the charring arrangements and rotate between the two authorities.
16. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 7 days before the date of the meeting and also to the chair of relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Agendas for meetings shall be determined by the secretariat in consultation with the Chair. Papers "to follow" will not be permitted except in exceptional circumstances.
17. Minutes of meetings will be supplied to each member of the Joint Committee and to the relevant chairs of overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.
18. Meetings shall be held at the times and dates and in places determined by the Chair.

Final Reports and Recommendations

19. The Joint Committee is independent of its constituent Councils and Executives. This independence should not be compromised by any member, officer or the NHS bodies, relevant health service providers and commissioners. The Joint Committee will send copies of its final reports to the bodies that are able to implement its recommendations.

This will include the Health and Wellbeing Boards, CCG and local authority Executives.

20. The primary objective is for all reports to be agreed unanimously. Where a minimum of 2 members of the Joint Committee wish to express an alternative view to the majority of the Joint Committee, they can produce a minority report.
21. The Joint Committee will act as a forum for sharing the outcomes and recommendations of reviews with the NHS bodies, relevant health service providers and commissioners and the Health & Wellbeing Board. The NHS bodies, relevant health service providers and commissioners and Health & Wellbeing Board will prepare Action Plans that will be used to monitor progress of recommendations.

Principles for joint scrutiny

22. The health of South Tees residents is dependent on a number of factors including the quality of services commissioned and provided by the CCG, NHS bodies, relevant providers, the local authorities and local partnerships, including the Health & Wellbeing Board. The success of joint scrutiny is dependent on the members of the Joint Committee as well as the NHS bodies, relevant health service providers and commissioners
23. The local authorities and the NHS bodies, relevant health service providers and commissioners will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the code of conduct.
24. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. Papers for the Joint Committee will be published on the Middlesbrough Council website.
25. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
26. The Joint Committee will seek to establish working relationships with the appropriate local Healthwatch.

27. The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees. Reasonable time will be given for the provision of information by those asked to provide evidence.
28. Evidence and final reports will be written in plain English where possible. Acronyms and technical terms will be explained.
29. The Joint Committee will seek to develop an annual work programme in consultation with the CCG and the Health & Wellbeing Board. The CCG will inform the secretariat at an early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme.