

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**  
**27 JULY 2015**

**DRAFT SHROPSHIRE AND TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**TERMS OF REFERENCE**

**Purpose**

To act as a discretionary Joint Health Overview and Scrutiny Committee ( Joint HOSC) to consider and scrutinise where necessary, all Health and Healthcare related topics which affect the areas of Telford and Wrekin Council and Shropshire Council including matters referred by Telford and Wrekin and Shropshire Healthwatch.

To meet when proposed changes to services are identified to confirm if the Committee will undertake the role of the Committee as a mandatory Joint HOSC and statutory consultee in relation to NHS proposals for a substantial variation or development in service. To actively research any statutory consultation and respond in line with Health Scrutiny Regulations and the Department of Health Guidance on Health Scrutiny (2014)

**Powers of the Joint Health Overview and Scrutiny Committee**

The Joint Health Overview and Scrutiny Committee exercises the powers of both a discretionary and a mandatory Joint HOSC, as set out in the Health and Social Care Act (2001) consolidated in the NHS Act (2006) and amended by the Localism Act 2011 and the Health and Social Care Act 2012, to review any matter relating to the planning, provision and operation of health services across the local authority areas. Both Telford and Wrekin Local Authority and Shropshire Council Local Authority have delegated the health scrutiny power to the Joint HOSC for pan Shropshire health matters. When the NHS make a proposals for a substantial variation or development of service the Joint HOSC will be the only Scrutiny Committee which will:

- Respond to the consultation
- Exercise the power to require the provision of information by relevant NHS body or health service provider
- Require members or employees of relevant NHS bodies or health service provider to attend before it to answer questions in connection with the consultation.

However, both local authorities have retained the power of referral as set out in the Councils' Constitutions. Any referral of proposed substantial change or variation in service to the Secretary of State will be made in line with Health Scrutiny Regulations and the Department of Health Guidance.

The roles and responsibilities of the Joint HOSC, commissioners and providers of NHS and Local Authority public health services is set out in the Department of Health Guidance, Guidance to support Local Authorities and their partners to deliver effective health scrutiny ( 2014)

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### **Membership of the Joint Health Overview and Scrutiny Committee**

There will be three elected members from each local authority.

There will be three co-opted members from each local authority area who are independent of the relevant Council.

The Co-opted Members of the Committee have voting rights as determined by full council at both authorities.

Executive Members for Health and Social Care and Health and Wellbeing Board Chairs issues may attend the meeting at the Chair's discretion in a non voting capacity.

### **Chairing Arrangements**

Meetings alternate between the Council areas. The appropriate Chair will take the lead for meetings in their Local Authority Area.

### **Chairs' Casting Vote**

The Chair will not use their casting vote due to the alternating venue.

### **Political Balance**

Political balance applies to this Committee. The political balance applies to each participating authority.

### **Administration**

In line with the Department of Health Guidance **the support for the Joint HOSC will be made available by the local health and social care system to enable the powers and duties associated with the function to be exercised appropriately.** Meetings will alternate between local authorities. Each council will take the lead in arranging venues and co-ordinating agendas with organisations and individuals invited to present reports or papers or give evidence, for the meetings taking place in their Local Authority Area.

The agenda will be agreed by both Health Scrutiny Chairs. Papers and presentations will be considered during this meeting to establish running order and specific instructions to those attending.

Pre-meetings will be at the Chair's discretion, to be attended either by the Chairs' alone or for members of the whole joint Health Overview and Scrutiny Committee.

### **Additional Support**

Each local authority will identify an agreed resource which it can provide to support the work of the Joint Committee. This may be officer time and/or a financial contribution to cover the costs of any specialist advice.

### **Frequency of Meetings**

To be detailed in the Joint Committee Work Programme.

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### **Quorum**

One third of the membership of the committee. At least 2 elected members must be present including 1 from each authority. There must be 2 representatives from each authority including co-optees.

### **Ways of Working**

Under the Department of Health Guidance (2014) the Joint Health Scrutiny committee must:

Strengthen the voice of local people, ensuring that their needs and experienced are considered as an integral part of the commissioning and delivery of health services and that those services are safe and effective.

Operate in a way that will lead to rigorous and objective scrutiny of the issues under review and carried out in a transparent manner that will boost the confidence of local people in health scrutiny.

In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operated and should therefore take into account the effect of the proposals on sustainability of services as well as their quality and safety.

The Joint Committee will hold formal meetings, and will undertake visits – which as far as possible will involve representatives from both authorities. Each authority will be able to lead and undertake individual pieces of work. The Joint Committee may also hold meetings with relevant representatives and officers outside of the main scrutiny forum such as focus groups, public meetings and consultation with relevant patient/service user groups.

### **Reports**

Wherever possible all reports will present joint evidence based conclusions and recommendations. However, where differences exist reports will be able to include sections setting out evidence based conclusions and recommendations reflecting the different views within the joint committee.

### **Review of Terms of Reference**

Annually or as required when issues arise for joint scrutiny.