

ESSEX, SOUTHEND AND THURROCK JOINT HEALTH SCRUTINY COMMITTEE TO REVIEW UROLOGICAL CANCER SURGERY PROPOSALS

DRAFT TERMS OF REFERENCE – Agreed 13th July 2015

<p>1.</p> <p>1.1</p> <p>1.2</p> <p>1.3</p>	<p>Legislative basis</p> <p>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.</p> <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. <p>This Joint Committee has been established on a task and finish basis, by Essex County Council, Southend-on-Sea Borough Council (Unitary) and Thurrock Council (Unitary).</p>
<p>2.</p> <p>2.1</p> <p>2.2</p> <p>2.3</p>	<p>Purpose</p> <p>The purpose of the Joint Committee is to consider NHS England’s proposal for the reconfiguration of urological cancer services affecting patient pathways for the populations of Essex, Southend and Thurrock, 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 Essex, Southend and Thurrock; • 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. <p>To make a response to NHS England and other appropriate agencies on the proposals, at appropriate times during the pre-tender and evaluation processes, taking into account NHS England’s current timetable for these processes and their intention to start the new reconfigured service in October 2016.</p> <p>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.</p>

2.4	Prior to the start of the Joint Committee, a private briefing was given to the wider memberships of Essex, Southend and Thurrock on 8 June 2015. Thereafter, the Joint Committee's review will commence in July 2015 and operate during the pre-tender and evaluation processes as deemed necessary.
3.	<p>Membership/chairing</p> <p>3.1 The Joint Committee will consist of 3 members representing Essex, 2 members representing Southend and 2 members representing Thurrock, as nominated by the respective health scrutiny committees.</p> <p>3.2 Each authority may nominate up to 2 substitute members.</p> <p>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.</p> <p>3.4 Individual authorities will decide whether or not to apply political proportionality to their own members.</p> <p>3.5 The Joint Committee members will elect a Chairman and Vice-Chairman at its first meeting. <i>Cllr Naylor elected Chairman</i> <i>Cllr Betton elected Vice-Chairman</i></p> <p>3.6 The Joint Committee will be asked to agree its Terms of Reference at its first meeting.</p> <p>3.7 Each member of the Joint Committee will have one vote.</p>
4.	<p>Co-option</p> <p>4.1 The Joint Committee may co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights.</p> <p>4.2 Any organisation with a co-opted member will be entitled to nominate a substitute member.</p>
5.	<p>Supporting the Joint OSC</p> <p>5.1 The lead authority will be decided by negotiation with the participating authorities. <i>Agreed that Essex CC will be lead authority.</i></p> <p>5.2 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	[Essex/Southend/ Thurrock] councils 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 agreed between the participating authorities.
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; • 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; • 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 <p>to consider further negotiation and discussions with the NHS Bodies and any appropriate arbitration. If the joint committee remains dissatisfied on either or both of the above it may make recommendations to Essex, Southend and Thurrock. Each council will then consider whether or not they wish to refer this matter to the Secretary of State or take any further action.</p>

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 of the process.
7.4	Local media will be invited to 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 (ies) 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	The Joint Committee does not have the power to refer the matter to the Secretary of State.
10.	Quorum for meetings
10.1	The quorum will be a minimum of three members, with at least one from each of the participating authorities.

