

JOINT HEALTH SCRUTINY COMMITTEE – COLLABORATION OF HHCT & PSFHT

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>This joint committee has been established on a task and finish basis, by Cambridgeshire County Council and Peterborough City Council. Only this 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.
2.	Purpose
2.1	<p>The purpose of the joint committee is:-</p> <p>a) to consider the Full Business Case for the proposal of Hinchingsbrooke Health Care NHS Trust (HHCT) and Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) for merger of the two trusts to support the future delivery of sustainable services for the benefit of patients and taxpayers and reduce duplication of corporate and back office costs 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 Cambridgeshire and Peterborough; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the evidence underlying the proposals; • the extent to which the proposals are financially sustainable <p>b) to make a response to the Trusts' public engagement exercise, taking into account the Trust Boards' intention to decide whether to proceed in the latter part of November 2016.</p> <p>c) 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>
2.2	The review will run from October 2016 to April 2017.

3.	Membership/chairing
3.1	The joint committee will consist of 5 members representing Cambridgeshire and 5 members representing Peterborough, as nominated by the respective health scrutiny committees.
3.2	Each authority may nominate up to 5 substitute members.
3.3	The proportionality requirement will apply to the joint committee
3.4	The joint committee will elect a Chairman/woman from one authority and a Vice-Chairman/woman from the other authority at its first meeting.
3.5	The joint committee will be asked to agree its Terms of Reference at its first meeting.
3.6	Each member of the joint committee will have one vote.
4.	Co-option
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.
4.2	Any organisation with a co-opted member will be entitled to nominate a substitute member.
5.	Supporting the Joint OSC
5.1	The lead authority will be Cambridgeshire County Council as decided by negotiation with the participating authorities.
5.2	The lead authority will appoint 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.
5.3	The lead authority with assistance from Peterborough City Council will provide administrative support and the responsibility for organisation and minuting of meetings will be shared by the two authorities.
5.4	The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.
5.5	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 equally between the two participating authorities. Such expenditure would be agreed between the participating authorities before it was incurred.
5.6	Each authority will bear the staffing costs associated with arranging and hosting the meetings of the joint committee held on their premises. 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 equally between the two participating authorities. Such expenditure would be agreed with the participating authorities before it was incurred.
5.7	Peterborough City Council will appoint a link officer to liaise with the lead officer and provide support to the members of the joint committee.
5.8	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.
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 in consultation with the appropriate member(s).
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 of its decision not to comment or make recommendations
10.	Quorum for meetings
10.1	The quorum will be a minimum of three members, with at least one from each of the two participating authorities.

Proposed Time Table for the Joint Committee

All dates are subject to confirmation

Date	Venue	Purpose
Wednesday 28 September @ 5pm	Cambridgeshire County Council, Shire Hall, Cambridge	<p>Preliminary Informal meeting</p> <p>To discuss evidence that will be required to be collated in preparation for the first formal meeting.</p>
Monday 17 October @ 5pm pre-meet for 5.30pm	Peterborough City Council, Town Hall	<p>First formal meeting</p> <p>To conduct formal scrutiny of proposals around the merger of HHCT with PSHFT.</p> <p>Chief Executives of both HHCT & PSHFT have reserved the 17th October to attend this session.</p>
Wednesday 9 November @ 5pm pre-meet for 5.30pm	Cambridgeshire County Council, Shire Hall, Cambridge	<p>Second formal meeting</p> <p>To formalise a response from the Joint Committee to the public engagement exercise.</p>