

Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)

Preamble

This Joint Committee has been established to review strategic proposals that might be considered as substantial development or variation arising from the transformation of NHS services by the Lancashire and South Cumbria Integrated Care System.

Scrutiny does not take decisions as such and in the case of health scrutiny, the Joint Committee at its simplest level will need to determine if it wishes to refer a proposal where agreement cannot be reached between it and the NHS to the Secretary of State (Independent Reconfiguration Panel) or not.

The “four principles” of good scrutiny as developed by the Centre for Public Scrutiny (CfPS) are that effective overview and scrutiny should:

- Provide constructive “critical friend” challenge;
- Amplify the voices and concerns of the public;
- Be led by independent people who take responsibility for their role;
- Drive improvement in public services.

Building consensus

The CfPS advises that "party politics – expressed through scrutiny as an arbitrary opposition or promotion of a particular party line, and a lack of interest in discussion or consensus on that issue, does not have a place in scrutiny".

Adopting an independent mindset is fundamental to carrying out its work effectively. Recommendations should therefore be arrived at through the building of consensus, as opposed to taking a vote.

Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)

Terms of Reference

1. Title

The Committee to be named the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS).

2. Scope and function

The Joint Committee to consider any future and proposed health service changes that will directly affect all four upper tier local authorities within the Lancashire and South Cumbria footprint.

To exercise the statutory functions of a health scrutiny committee under the provisions of the National Health Service Act 2006; the Local Government and Public Involvement in Health Act 2007; and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and to make reports and recommendations to NHS bodies as appropriate in relation to matters which directly affect all four upper tier local authorities within the Lancashire and South Cumbria footprint.

3. Membership

The Joint Committee to be established on the following basis:

- 3 elected voting Members from Lancashire County Council
- 3 elected voting Members from Cumbria County Council
- 3 elected voting Members from Blackburn with Darwen Borough Council
- 3 elected voting Members from Blackpool Borough Council

Each local authority to appoint on the basis of two members from the controlling group and one member from the largest opposition group.

The Joint Committee to be appointed on an annual basis prior to its first meeting in each Municipal Year.

When selecting individual members to serve on the Joint Committee, each local authority should consider a member's experience, expertise, and interest in health scrutiny; as well as the ability to act impartially, work as part of a group, and the capacity to serve.

Any member of the Joint Committee may be represented at a meeting of the Joint Committee by a substitute or replacement appointed by the appropriate local authority. Local authorities in these circumstances are encouraged to ensure the substitute or replacement member's experience, expertise, and interest in health scrutiny is taken into consideration when appointing either on a temporary or permanent basis; notwithstanding the ability to act impartially, work as part of a group and the capacity to serve. Substitutes will have the same voting rights as the member they replace and count towards the establishment of a quorum.

If any Member ceases to be a Councillor of their local authority they shall no longer be a member of the Joint Committee.

Each meeting of the Joint Committee shall be advised by the relevant Scrutiny Officers.

4. Chair and Vice Chair

The Chair and the Vice Chair shall be elected by the Joint Committee from among the Committee's voting membership at the first meeting in each Municipal Year. The elected Chair must be a Member of a different local authority to the Vice Chair.

The Chair shall preside at the meetings. In the absence of the Chair, the Vice Chair shall Chair the meeting. In the absence of both the Chair and the Vice Chair, the Joint Committee Members present shall elect a Chair for that meeting from among their number of voting members.

5. Secretary of State Referrals

In the case of contested NHS proposals for substantial service changes or any NHS proposal which the Joint Committee feels has been the subject of inadequate consultation, by majority agreement, the Joint Committee to have delegated authority to directly refer the matter to the relevant Secretary of State.

That in relation to the function described above, any Joint Committee decision on whether or not a referral should be made to the relevant Secretary of State is not required to be approved by the individual Overview and Scrutiny Committees at those local authorities that may be directly affected by the decision.

6. Scrutiny Arrangements

Decisions and recommendations may only be made by the Joint Committee. However task and finish groups may be established if the Joint Committee deem this to be the most appropriate method of scrutiny.

The Joint Committee has the following powers:

- To require the following person/s to attend the Joint Committee to answer questions or supply evidence:
 - a) The Chief Officer (or their representatives) of the Lancashire and South Cumbria Integrated Care System, Partnerships and Neighbourhoods;
 - b) Any relevant Chief Executives (or their representatives) of local NHS bodies;
 - c) The relevant Directors of Public Health, Adult and Children's Social Care from the four Local Authorities within the Integrated Care System footprint;
 - d) Any relevant Chief Officer of third sector organisations;
- To invite to any meeting of the Joint Committee and permit to participate in discussion and debate, but not to vote, any person not an elected Member appointed to the Joint Committee, whom the Joint Committee considers would assist it in carrying out its functions.
- To co-opt or appoint independent technical advisers as and when necessary and under such terms as the Joint Committee thinks appropriate, persons with appropriate expertise in relevant health matters, without voting rights.
- To invite the Chief Officers (or their representatives) from the four Healthwatch bodies within the Integrated Care System footprint.
- To request findings and recommendations from any Clinical Senate review relating to a proposal.
- Make reports or recommendations to the relevant health bodies as appropriate.

7. Review of functions, clerking arrangements and terms of reference

To review at least annually the functions of, and clerking arrangements for meetings of the Joint Committee.

To annually review the Joint Committee's terms of reference.

8. Conduct of Business Meetings

The Clerk to the Joint Committee shall, with the agreement of the Chair and the Vice Chair, arrange meetings of the Joint Committee as and when necessary (discretionary) or for the purposes of responding to consultation by a Responsible Person (mandatory) in accordance with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. An Annual General Meeting will be scheduled each year.

Meetings of the Joint Committee are not public meetings, but are meetings held in public. The public are welcome to attend and observe meetings.

No meetings of the Joint Committee shall be held during the notice of election period for local authority elections.

Any scheduled Joint meeting may be cancelled where the Chair and the Vice Chair of the Joint Committee both agree.

Where possible the venue for meetings of the Joint Committee shall be rotated between the local authorities. Secretarial support for the Committee shall be from the local authority from which the Chair of the Joint Committee is a member of.

a) Quorum

The quorum for the Joint Committee shall be three voting members from at least two of the affected upper tier local authorities being present. During any meeting if the chair counts the number of councillors present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the chair. If a date is not fixed, the remaining business will be considered at the next meeting.

b) Agendas and Items of business

Agendas for meetings of the Joint Committee shall be circulated at least five working days in advance of the meetings and in accordance with the provisions of legislation relating to Access to Information.

Other than in very exceptional circumstances, the only business to be considered at any meeting will be that which has been notified.

c) Declarations of Interest

Any Member having a non-pecuniary interest must disclose that fact and act accordingly. Those Members declaring a pecuniary interest must leave the room and take no part in the discussion or influence that particular item.

d) Decisions

The Joint Committee will seek to make decisions and recommendations by consensus whenever possible. In the event of any disagreement, the Chair will seek to resolve any differences.

Where it is not possible to achieve a consensus, voting is by show of hands.

The Chair shall / shall not have a second or casting vote.

e) Minutes

The minutes of each Joint meeting shall be submitted for information to the individual Overview and Scrutiny Committees at the respective local authorities.

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