

Revised Protocol for Joint Health Scrutiny Committee

Joint OSC for the NE & NC ICS and North of Tyne and Gateshead and Durham, South Tyneside and Sunderland area ICPs

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering any proposed formal consultation in relation to the Integrated Care System for the North East and North Cumbria and any subsequent proposals for substantial development and variation to health services arising from / as a consequence of the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of an Integrated Care Board, Integrated Care Partnership and area ICPs covering the geographies of Northumberland, Tyne and Wear and Durham and the below mentioned groups and bodies:-

North of Tyne and Gateshead area ICP

- Primary Care Networks within the North of Tyne and Gateshead area ICP geography
- Northumbria Healthcare NHS FT
- Newcastle Hospitals NHS FT
- Gateshead Hospitals NHS FT
- Gateshead Council
- Newcastle City Council
- North Tyneside Council
- Northumberland County Council

Durham, South Tyneside and Sunderland area ICP

- Primary Care Networks within the Durham, South Tyneside and Sunderland area ICP Central geography
- Sunderland Hospitals NHS FT
- South Tyneside Hospital NHS FT
- County Durham and Darlington NHS FT
- South Tyneside Council
- Sunderland City Council
- Durham County Council

Plus the following bodies which cover both area ICP geographies

- Northumberland, Tyne and Wear NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- North East Ambulance Foundation Trust

The terms of reference of the Joint Health Scrutiny Committee are set out at **Appendix 1**.

2. A Joint Health Scrutiny Committee (“the Joint Committee”) comprising Durham County Council; Gateshead Council; Newcastle City Council; North Tyneside Council; Northumberland County Council; South Tyneside Council and Sunderland City Council (“the constituent authorities”) is to be established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraph 1 above. In particular in order to be able to:-

- (a) respond to any consultations in relation to proposals for substantial development and variation to health services arising from / as a consequence of the development of / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of an Integrated Care Board, Integrated Care Partnership and areab ICPs covering Northumberland, Tyne and Wear and Durham (currently the “ North of Tyne and Gateshead ” and “ Durham, South Tyneside and Sunderland ” area ICPs as outlined in paragraph 1 above).
 - (b) require the relevant NHS Bodies to provide information about the proposals;
 - (c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.
4. The Joint Committee formed for the purposes outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

Local Authorities

Durham County Council; Gateshead Council; Newcastle City Council; North Tyneside Council; Northumberland County Council; South Tyneside Council and Sunderland City Council;

➤ **NE & NC ICS**

NHS Foundation Trusts

City Hospitals Sunderland NHS Foundation Trust
 County Durham and Darlington NHS Foundation Trust
 Gateshead Health NHS Foundation Trust
 Newcastle-upon-Tyne Hospitals NHS Foundation Trust
 Northumbria Healthcare NHS Foundation Trust
 South Tyneside NHS Foundation Trust
 Northumberland, Tyne and Wear NHS Foundation Trust
 Tees, Esk and Wear Valleys NHS Foundation Trust
 North East Ambulance Foundation Trust

➤ **Primary Care Networks covering the North of Tyne and Gateshead and Durham, South Tyneside and Sunderland area ICP geographies**

Membership

- 5. The Joint Committee will consist of equal representation, with three representatives to be appointed by each of the constituent authorities on the basis of their own political balance.
- 6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority’s next 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.

7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
9. *The quorum for meetings of the Joint Committee shall be a minimum of seven members from five local authorities except where there is a formal consultation process in relation to a proposal for a substantial variation and development where the quorum shall be made up from a minimum of one member representative from each of the constituent authorities electing to participate in the consultation process.*

Chair and Vice-Chair

10. For the purposes of the consideration of the developing / established ICS for the NE and North Cumbria and the development / establishment of the Integrated Care Board Integrated Care Partnership and area ICPs covering Northumberland, Tyne and Wear and Durham the Chair and the Vice-Chair of the Joint Committee will be appointed annually at the first meeting of the Joint Committee following the relevant authorities' Annual Council Meetings. The Chair will not have a second or casting vote.
11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.
12. For the purposes of the consideration of any proposals for substantial development and variation to health services arising from the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of an Integrated Care Board, Integrated Care Partnership and area ICPs covering Northumberland, Tyne and Wear and Durham (currently " North of Tyne and Gateshead " and "Durham, South Tyneside and Sunderland" see para.1) that affect at least two but not all of the constituent authorities, the Committee will be chaired from one of the affected local authority areas.

Terms of Reference

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraph 1. Terms of reference are set out at Appendix 1.

Administration

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.
14. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to

the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.

16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

17. The relevant NHS body is required to notify the Joint Committee of the date by which any consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before it makes its consultation response.
17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of any final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of any consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Voting

19. Wherever a vote is taken, this will be done on the basis of a simple majority.

Following the Consultation

20. Any next steps following any initial consultation response will be taken with due reference to the 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny' (Department of Health; June 2014).

Principles for joint health scrutiny

21. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.
22. The constituent authorities and the relevant NHS Bodies 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 and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
23. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered

in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.

24. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

Joint Health Scrutiny Committee

Joint OSC for the NE & NC ICS and North of Tyne and Gateshead and Durham, South Tyneside and Sunderland area ICPs

Terms of Reference

1. To consider the development / establishment of an Integrated Care System for the North East and North Cumbria and any subsequent proposals for substantial development and variation to health services arising from / as a consequence of the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of an Integrated Care Board, and an Integrated Care Partnership and area ICP covering the geographies of Northumberland, Tyne and Wear and North Durham (currently the “North of Tyne and Gateshead ” and “Durham, South Tyneside and Sunderland” ICPs)
2. To consider the following in advance of any formal public consultation:
 - The aims / objectives / programme of work of the developing ICS for the NE and North Cumbria and ;
 - The plans and proposals for public and stakeholder consultation and engagement in relation to the developing ICS for the NE and North Cumbria;
 - Any options for service change identified as part of the development of the ICS for the NE and Cumbria including those considerations made as part of any associated options appraisal process.
3. To consider any substantive proposals during any period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.
4. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-
 - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
 - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
5. To ensure any formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities’ views in relation to those matters where there is a consensus.
6. To oversee the implementation of any proposed service changes agreed as part of the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of the “North of Tyne and Gateshead ” and “Durham, South Tyneside and Sunderland ” area Integrated Care Partnerships.

7. The Joint Committee does not have the power of referral to the Secretary of State as this will be retained by individual local authorities.