

Council

11 July 2017

**Name of Cabinet Member:**

Cabinet Member for Policy and Leadership Councillor Duggins

**Director Approving Submission of the report:**

Deputy Chief Executive (People)

**Ward(s) affected:**

N/A

**Title:**

Proposal to Establish Arrangements for a Joint Health Overview and Scrutiny Committee

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**Is this a key decision?**

No

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**Executive Summary:**

Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, they are required to consult a Joint Health Overview and Scrutiny Committee. Increasingly, proposals from the National Health Service are affecting larger geographical areas and this report proposes arrangements for Coventry City Council to establish a Joint Health Overview and Scrutiny Committee with Warwickshire County Council in line with the provisions set out in legislation and guidance.

**Recommendations:**

Council is recommended to:

1. Approve the proposed approach for the establishment of a Joint Health Overview and Scrutiny Committee with Warwickshire County Council as set out in the report
2. Approve the terms of reference for the Joint Health Overview and Scrutiny Committee at Appendix 1.
3. Delegate to the Director of Finance and Corporate Resources, following consultation with the Chair of Coventry City Council's Health and Adult Social Care Scrutiny Board (5), the authority to finalise the Terms of Reference with Warwickshire County Council and to take any necessary steps to implement the arrangements
4. Retain the City Council's powers to make referrals to the Secretary of State in prescribed circumstances and not delegate these to the Joint Health Overview and Scrutiny Committee.

5. Appoint four Labour Councillors and one Conservative Councillor, to be nominated at the Council meeting, as Coventry City Council's representatives on the Joint Health Overview and Scrutiny Committee for 2017/18, with subsequent appointments to be made at the Council's Annual Meetings.
6. Authorise the Monitoring Officer to include the terms of reference in the Council's Constitution.

**List of Appendices included:**

Appendix 1 – Joint Health Overview and Scrutiny Committee (Coventry and Warwickshire Terms of Reference)

**Other useful background papers:**

None

**Has it been or will it be considered by Scrutiny?**

No

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

No

**Will this report go to Council?**

Yes – 11 July 2017

**Report title:** Proposal to Establish Arrangements for a Joint Health Overview and Scrutiny Committee

**1. Context (or background)**

- 1.1 Legislation provides for local authorities to appoint a discretionary Joint Health Overview and Scrutiny Committee to carry out all or specified health scrutiny functions, for example health scrutiny in relation to health issues that cross local authority boundaries. Establishing a joint committee of this kind does not prevent the appointing local authorities from separately scrutinising health issues. However, there are likely to be occasions on which a discretionary joint committee is the best way of considering how the needs of a local population, which happens to cross council boundaries, are being met.
- 1.2 Legislation also requires that local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about proposals for substantial development or variation of services. In such circumstances:
- only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately).
  - only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.
  - only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation.
- 1.3 Increasingly, proposals from the National Health Services (NHS) are affecting larger geographical areas, particularly for local residents in Coventry and Warwickshire. This report proposes arrangements for Coventry City Council to establish a Joint Health Overview and Scrutiny Committee with Warwickshire County Council in line with the provisions set out in legislation and guidance.

**2. Options considered and recommended proposal**

- 2.1 Option1 – Do not set up arrangements for a Joint Health Overview and Scrutiny Committee. This option is not recommended. NHS Organisations are required to consult Joint Health Overview and Scrutiny Committees on proposed changes which cover services in two or more Local Authority areas and are not required to consult each individual authority. If a joint Committee is not approved, Members may lose the opportunity to influence the outcome of the consultation and service reconfiguration.
- 2.2 Option 2 - Set up a Joint Health Overview and Scrutiny Committee and delegate some or all of the City Council's health scrutiny functions to the Committee. This option is not recommended as delegating some or all of these functions to the Joint Committee would mean that the City Council would then not be able to exercise them itself. This could include the ability of the Health and Social Care Scrutiny Board (5) to require health bodies to provide information and attend meetings of the Scrutiny Board. In particular the Council has the power of referral to the Secretary of State. This means that at when a health scrutiny body has been consulted by a relevant NHS body or health service provider on a proposed substantial development or variation, it may report to the Secretary of State in writing if: It is not satisfied with the adequacy of content of the consultation; it is not satisfied that sufficient time has been allowed for consultation; it considers that the proposal would not be in the interests of the health service in its area; or it has not been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

- 2.3 Option 3 – Establish a Joint Health Overview and Scrutiny Committee in order to ensure that the authority is consulted and is able to respond to formal proposals for the substantial development or variation of health services that impact on the residents of Coventry and neighbouring Local Authorities. This is the recommended option.
- 2.4 The Joint Health Overview and Scrutiny Committee will operate formally as a mandatory joint committee (i.e. where the councils have been required under Regulation 30 of the Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee because a health service body is consulting more than one local authority's health scrutiny function about substantial reconfiguration proposals) for the purposes of dealing with the formal consultation as required by the regulations.
- 2.5 In this circumstance, the regulations require that the relevant NHS body or health service provider notify the health scrutiny body of the date by which it requires the health scrutiny body to provide comments in response to the consultation and the date by which it intends to make a decision as to whether to proceed with the proposal. These dates must also be published. Any changes to these dates must be notified to the relevant health scrutiny body and published. Department for Health guidance sets out that constructive dialogue between relevant NHS bodies and health service providers on the one hand, and health scrutiny bodies on the other, should take place to ensure that timescales for comments or decisions are realistic and achievable. It also suggests that it is sensible for health scrutiny to be able to receive details about the outcome of public consultation before it makes its response so that the response can be informed by patient and public opinion.
- 2.6 At any other time, the Joint Health Overview and Scrutiny Committee can be convened as a discretionary committee with the agreement of both Committee Chairs. This would allow the Joint Committee to consider relevant issues but the two local authorities would retain their own individual delegated scrutiny authority and the joint committee would not have any formal powers. For example the Chairs could choose to convene the Joint Committee to receive a briefing on the timescales, engagement and consultation processes being considered by health bodies prior to formal notification of the formal requirement to consult being made.
- 2.7 The proposed terms of reference for the Joint Committee is attached at Appendix 1. They are based on the Terms of Reference for Joint HOSC meetings which are already in use across the West Midlands, and have been for a number of years. Therefore, should a Joint HOSC be required with another West Midlands Authority, using similar terms of reference will help to facilitate this.
- 2.8 Key points from the terms of reference are;
- Each authority will appoint five members from their own Health Overview and Scrutiny Committees reflecting the political balance of each authority.
  - The host authority will alternate with each meeting. The Chair of the Joint HOSC from the host authority will chair that meeting and the support for the meeting will also come from the host authority.
  - Responses to consultations from the Joint HOSC must be signed by the Chairs of both authorities.

### **3. Results of consultation undertaken**

- 3.1 The Chairs of each authority's Health Overview and Scrutiny Committees have been consulted Coventry City Council's Health and Social Care Scrutiny Board, together with Democratic and Legal Services officers from both authorities.

#### **4. Timetable for implementing this decision**

- 4.1 Warwickshire County Council is expected to consider the recommendations at their meeting of 18 July. If the recommendations in this report are approved by both authorities then a Joint Health Overview and Scrutiny meeting can be established as soon as one is required.

#### **5. Comments from Director of Finance and Corporate Services**

##### **5.1 Financial implications**

There are no additional financial implications arising from the recommendations in this report. The costs of servicing meetings of the Joint Committee will be met from within the local authorities' scrutiny teams.

##### **5.2 Legal implications**

When formal notification is received from a relevant health service provider of its intention to consult on a proposal for a substantial development or variation of its service which involves more than one local authority the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires the appointment of a Joint overview and scrutiny committee for the purposes of that consultation.

#### **6. Other implications**

##### **6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?**

Responding to NHS consultations offers the opportunity to contribute towards the Council's aim of citizens living longer, healthier, independent lives.

##### **6.2 How is risk being managed?**

There are no specific risks associated with this report.

##### **6.3 What is the impact on the organisation?**

Support for the Joint Health Overview and Scrutiny meetings will be managed within existing resources as part of the Council's scrutiny activity.

##### **6.4 Equalities / EIA**

An equalities and consultation analysis is not required.

##### **6.5 Implications for (or impact on) the environment**

None

##### **6.6 Implications for partner organisations?**

Participating in Joint Health Overview and Scrutiny meetings will strengthen partnership working with neighbouring local authorities and enable health services to meet their obligations when consulting on cross-boundary substantial variations.

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