

**Protocol for the
Health Scrutiny Joint Committee**

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for considering and providing a formal consultation response in relation to proposals affecting the population covered by South Tyneside and Sunderland Councils, and part of the population covered by Durham County Council, particularly those considered to be a “significant development or substantial variation” as defined in local protocols, in particular:
 - (a) The Shared Sustainability and Transformation Plan for Northumberland, Tyne & Wear and North Durham and the Local Health and Care Economy Plan for South Tyneside and Sunderland.
 - (b) The service change proposals arising from the Clinical Services Review Programme being undertaken by South Tyneside and Sunderland NHS Partnership. This will include seeking evidence of the economic, social and health impacts of residents in both Boroughs and how any shortfalls in these areas will be mitigated in carrying out service change.
2. The terms of reference of the Health Scrutiny Joint Committee is attached.
3. The Health Scrutiny Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol at its first meeting, circulate copies of the same to:-

Sunderland Council, South Tyneside Council and Durham County Council

(“the constituent authorities”)

South Tyneside CCG

Sunderland CCG

Durham Dales, Easington and Sedgefield CCG

South Tyneside and Sunderland NHS Foundation Trust

County Durham and Darlington NHS Foundation Trust

NHS North of England Commissioning Support

(“the relevant NHS Bodies”)

Health Scrutiny Joint Committee

4. A Health Joint Scrutiny Committee (“the Joint Committee”) comprising representatives of the constituent authorities has been established in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1(a) of this protocol, and in particular in order to be able to:-
 - i. make comments on the proposals consulted on, to the relevant NHS Bodies under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and/or
 - ii. require the relevant NHS Bodies to provide information about the proposals under the Regulations; and/or
 - iii. require an officer of the relevant NHS Bodies to attend before it under the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation; and/or
 - iv. make recommendations to the relevant NHS Bodies and expect a response within 28 days.

Membership

5. The Joint Committee will consist of equal representation, with 7 representatives to be appointed from the scrutiny committee of South Tyneside and Sunderland constituent authorities and a further 3 representatives from the Durham constituent authority. A Healthwatch representative for each constituent authority area will be entitled to attend in a non-voting capacity.
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 appoint a replacement representative to 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 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 3 member representatives from each of the South Tyneside and Sunderland constituent authorities and 1 member from the Durham constituent authority.

Chair and Vice-Chair

10. The Chair of the Joint Committee shall rotate each meeting between a named Member representative from South Tyneside Council and Sunderland Council. When

not chairing the meeting this Member representative will assume the position of Vice Chair. 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.

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 paragraphs 1(a) and will have the functions specified at paragraphs 4(a) - (c) inclusively of this protocol. 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 (rotation between South Tyneside Council and Sunderland Council in line with rotation of Chair) 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 Chair 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 Reports and 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 its final reports and formal consultation responses to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus and Members will work within the relevant timescales to achieve this. However, where there are any aspects of a consultation on which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of each 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.

Principles for joint health scrutiny

19. The constituent authorities and the relevant NHS Bodies will 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.
Disclosable pecuniary interests, and those other interests required to be disclosed under the code of conduct for the constituent authority a Member represents will be declared in all cases in accordance with that code of conduct and the Localism Act 2011.
20. 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.
21. 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.

HEALTH SCRUTINY JOINT COMMITTEE

TERMS OF REFERENCE

1. To consider the proposals affecting the population covered by South Tyneside and Sunderland Councils and part of population covered by County Durham Council, including:
 - The Shared Sustainability and Transformation Plan for Northumberland, Tyne & Wear and North Durham and the Local Health and Care Economy Plans for South Tyneside and Sunderland.
 - The service change proposals arising from the Clinical Services Review Programme being undertaken by South Tyneside and Sunderland NHS Partnership. This will include seeking evidence of the economic, social and health impacts of residents in both Boroughs and how any shortfalls in these areas will be mitigated in carrying out service change.
2. The Joint Committee will as part of this process consider the following consultation questions as contained in the public consultation documents,
3. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined in paragraphs 1 and 2 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. information should be provided within 3 working days of the meeting arranged to consider it; 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.
4. To formulate a final report and formal consultation response within the consultation and decision making timetable to the relevant NHS Bodies on the matters referred to at paragraphs 1 and 2 above, in accordance with the protocol for the Health Scrutiny Joint Committee and the consultation timetable established by the relevant NHS Bodies.
5. To ensure the 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. Each constituent Authority will retain their powers of referral to the Secretary of State for Health.