

**HINCHINGBROOKE HOSPITAL
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (OSC)**

TERMS OF REFERENCE

1. Legislative basis

- 1.1 This Joint OSC is set up under the Direction issued by the Secretary of State for Health on 17th July 2003, 'Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) Health and Social Care Act 2001', under Statutory Instrument 2002 no. 3048.
- 1.2 This Direction requires that where a local NHS body consults more than one OSC on a proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such a service, the local authorities of these OSCs shall appoint a joint OSC for the purpose of the consultation. Only that OSC may:
- Make comments on the proposal consulted on to the local NHS body
 - Require the local NHS body to provide information about the proposal
 - Require an officer of the local NHS body to attend to answer questions in relation to the proposal.
- 1.3 This Committee has been established by Bedfordshire, Cambridgeshire, Essex, Norfolk and Peterborough Councils.

2. Purpose

- 2.1 To consider Cambridgeshire PCT's proposals for service changes at Hinchingbrooke Hospital NHS Trust in relation to:
- The extent to which they are in the interests of the health service in Cambridgeshire and surrounding areas
 - The impact on the proposals on patient and carer experience and outcomes and on their health and well-being
 - The quality of the clinical evidence underlying the proposals
 - The extent to which the proposals are financially sustainable.
- 2.2 To make a response and recommendations to Cambridgeshire PCT and other appropriate agencies on the above.
- 2.3 To consider and comment on the extent to which patients and the public have been consulted on the proposals, and the extent to which their views have been taken into account.

3. Membership/chairing

- 3.1 All health OSCs consulted on the proposals will be entitled to three representatives and three substitutes. These will be nominated by the individual local authorities concerned.
- 3.2 Members will be politically proportional to the membership of their local authority, unless both:
- That authority's full Council agrees, with no-one dissenting, to waive the political proportionality requirement for their own members and
 - Members of all authorities represented on the joint committee agree to waive that requirement.
- 3.3 A local authority may if it wishes nominate fewer than three members to the joint OSC. This will also require the consent of its full Council, with no-one dissenting, and the agreement of members of all authorities represented on the joint committee.
- 3.4 The joint OSC members will elect a Chairman and Vice-Chairman

4. Co-option

- 4.1 A representative of Hinchingsbrooke Patient and Public Involvement Forum and a representative of Cambridgeshire PCT Patient and Public Involvement Forum will be co-opted on to the joint OSC as non-voting members, but with all other member rights. Each Forum will be entitled to nominate a substitute member.

5. Supporting the Joint OSC

- 5.1 The lead authority will be Cambridgeshire County Council
- 5.2 The lead authority will act as secretary to the joint OSC. This will include:
- Appointing a lead officer to advise and liaise with the Chairman and 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
 - Providing administrative support
 - Organising and minuting meetings.
- 5.3 Where the Joint OSC requires advice as to legal matters, the participating authorities will agree how this advice is obtained and any significant expenditure will be apportioned between participating authorities. Such expenditure, and apportionment thereof, would be agreed between the participating authorities before it was incurred.

- 5.4 The Joint OSC will be advised as to financial matters by the Chief Finance Officer of the lead authority.
- 5.5 The lead authority will bear the costs of arranging, supporting and hosting the meetings of the joint OSC. If the joint OSC agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.
- 5.6 Each participating authority will appoint a link officer to liaise with the lead officer and provide support to the members of the joint OSC.

6. Powers

- 6.1 In carrying out its function the joint OSC may:
- Require officers of Cambridgeshire PCT and other appropriate NHS bodies to attend and answer questions
 - Require Cambridgeshire PCT, and other relevant NHS bodies to provide information about the proposals
 - Obtain and consider information and evidence from other sources, such as Patient and Public Involvement (PPI) forums, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include inviting witnesses to attend a joint OSC meeting; inviting written evidence; and delegating joint OSC members to attend consultation meetings, or meet with interested parties and report back
 - Make a report and recommendations to Cambridgeshire PCT and other appropriate bodies
 - Refer the proposal to the Secretary of State if it considers that:
 - The proposal would not be in the interests of the health service in the area of the authorities forming the joint OSC has not been adequately consulted.
 - The joint OSC is not satisfied that consultation of the committee has been adequate in relation to content or time allowed.

7. Public involvement

- 7.1 The joint OSC will meet in public, and papers will be available at least 5 working days in advance of meetings
- 7.2 The lead authority will arrange for papers relating to the work of the joint OSC to be published on its website. Other participating local authorities may make links from their website to the joint committee papers on the lead authority's website
- 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 OSC and dealing with press enquiries.
- 8.2 Press releases made on behalf of the joint OSC will be agreed by the Chairman or Vice-Chairman of the OSC.
- 8.3 Press releases will be circulated to all link officers.
- 8.4 These arrangements do not preclude participating local authorities from issuing individual statements to the media on the consultation provided that it is made clear that these are not made on behalf of the joint OSC.

9. Report

- 9.1 The lead authority will prepare a draft report on the deliberations of the joint OSC including comments and recommendations agreed by the joint OSC. The report will include whether recommendations are based on a majority decision of the OSC or are unanimous. The draft report will be submitted to the joint OSC or to the representatives of participating authorities for comment.
- 9.2 The final version of the report will be agreed by the joint OSC Chairman.
- 9.3 If necessary, minority reports will be appended to the main report.

10. Quorum for meetings

- 10.1 The quorum will be a minimum of 4 members, representing at least two participating local authorities.

11. Duration

- 11.1 The joint OSC will run from February 28th - June 30th 2007 unless the joint OSC agrees to extend this period.
- 11.2 The joint OSC will disband once it has fulfilled its function.