

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

REVISED TERMS OF REFERENCE AND WORKING ARRANGEMENTS

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide for local NHS bodies to consult with the appropriate health scrutiny committee where there are any proposed substantial developments or variations in the provisions of the health service in the area(s) of a local authority.

Under the legislation health officers from NHS bodies are required to attend committee meetings; provide information about the planning, provisions and operation of health services; and must consult with the health scrutiny committee on any proposed substantial developments or variations in the provision of the health service.

Where proposals to change health services cross local authority boundaries there is a requirement to establish a joint health committee. In Yorkshire and the Humber, a protocol has been established between the 15 upper tier local authorities for establishing a joint health scrutiny committee where proposed changes affect more than one local authority area.

Context and Background

In January 2016 commissioners published the Pre-Consultation Business Case (PCBC) which described: the future model of care for hospital services; how it had been developed ; and outlined the preferred option that Calderdale Royal Hospital should be the unplanned hospital site and Huddersfield Royal Infirmary should be developed to provide the planned hospital site.

The formal public consultation on the proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield commenced in March 2016 and was completed in June 2016.

In September 2016 the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) agreed its response to the proposals which included 19 recommendations to Calderdale and Greater Huddersfield CCGs.

In October 2016 the Governing Bodies of Calderdale CCG and Greater Huddersfield CCG met in parallel to consider the findings from the consultation and agreed to proceed to Full Business Case (FBC) in relation to the proposals. The Governing Bodies also agreed the response to the JHSC's recommendations.

In November 2016 the JHSC considered the responses from Calderdale CCG, Greater Huddersfield CCG and other organisations to its recommendations and identified areas where it was not fully satisfied with the response. As a consequence steps were taken to reach agreement on areas of difference and was supported by an independent facilitator.

In July 2017 the JHSC met to discuss an update on the response to its proposals and to determine whether the information submitted by the CCGs and Calderdale and Huddersfield NHS Foundation Trust (CHFT) had satisfactorily addressed the JHSC's recommendations. The JHSC concluded that it had serious concerns about elements of the proposals and exercised its right to refer the matter to the Secretary of State for Health.

The Secretary of State passed the referral to the Independent Reconfiguration Panel (IRP) for their consideration. In May 2018 Secretary of State wrote to the joint Chairs of the JHSC forwarding the review by the Independent Reconfiguration Panel and setting out his own conclusions.

The IRP asked the local NHS and the JHSC to take stock of the current situation and, in particular, to focus on: the programme for changes to out of hospital services; hospital capacity; and capital financing.

The Secretary of State also has asked NHS England and NHS Improvement to work with the local CCGs and the JHSC and report back on progress in implementing the IRP recommendations.

In September 2018 CCGs and CHFT presented to the JHSC details of the revised proposals that had been developed to reflect the concerns expressed by the Secretary of State. Work is currently ongoing to develop the Strategic Outline Case.

Taking account of the revised proposed future model of hospital services the Calderdale and Kirklees Joint Health Scrutiny Committee will undertake the following roles and functions:

- To Review the revised proposals to include the Strategic Outline Case, Outline Business Case, Full Business Case and assess the clinical and financial sustainability of the proposals.
- If required
 - Scrutinise the revised proposed service configuration and its impact on patients and the public.
 - To require the commissioners (Calderdale Clinical Commissioning Group and Greater Huddersfield Clinical Commissioning Group) to provide information about the revised proposed hospital and community based service configuration and where appropriate to require the attendance of representatives from relevant organisations to answer such questions as reasonably required.
 - To prepare a report for the Calderdale and Greater Huddersfield Clinical Commissioning Groups (CCG's), Calderdale Council and Kirklees Council, setting out the matter reviewed; a summary of the evidence considered; a list of the participants involved; and an explanation of any recommendations on the service configuration.
 - To receive from the CCG's their formal response to the report and to determine whether any concerns expressed by the Committee have been addressed.

- To take reasonable steps to reach agreement if the CCG's disagree with any of the Committees concerns or recommendations.
- To report to the Secretary of State in writing if it is not satisfied that the consultation with the Committee on the revised proposals has been adequate in relation to the content or time allowed.
- To report to the Secretary of State in writing if it considers that the revised proposals are not in the interests of the health service in Calderdale and Kirklees.

The Calderdale and Kirklees Joint Health Scrutiny Committee will consider the likely implications across Calderdale and Kirklees (Greater Huddersfield). This will include consideration of the:

- Projected improvements in patient outcomes;
- Likely impact on patients and their families, in particular in terms of access to services and travel times;
- Views of local people and of local service users and/or their representatives;
- Potential impact on the local health economy; the local economy in general; and any financial implications.
- Any other pertinent matters that arise as part of the Committee's review.

In addition where it is deemed appropriate the Calderdale and Kirklees Joint Health Scrutiny Committee will seek independent advice to help support and inform its work.

Until such time as the Calderdale and Kirklees Joint Health Scrutiny Committee feel is appropriate it will continue to meet in order to consider issues concerning hospital and community health services that impact on the residents of Calderdale and Kirklees.

Attached is an addendum which outlines the Joint Committee's working arrangements.

WORKING ARRANGEMENTS

Membership

Each participating local authority will be eligible to nominate 4 councillors¹.

With the exception of the permanent replacement of a committee member(s) neither authority will establish a panel of substitute members.

There will be no appointment of non-voting co-optees to the Committee.

Choice of Chair.

Calderdale Council and Kirklees Council will nominate a lead member to represent its authority. The lead member of the authority that hosts a meeting of the Committee will have the responsibility of organising and chairing the meeting.

Lead Members

The lead member from each authority will have joint responsibility in setting the Committee's work programme and agenda plan. This will include meeting from time to time informally with representatives from a range of organisations including the NHS and local authorities.

Quorum of Joint Committee

The quorum of a Committee meeting shall be at least three members of the Committee and must include representation from both authorities.

Venues for Meetings

Meetings will be hosted by both local authorities.

There will be no strict rule that governs the number of meetings that will be hosted by each authority although the intention will be to ensure that residents from both Calderdale and Kirklees are given as much opportunity as possible to access the meetings and inform the work of the Committee.

Rules of procedure at meetings

The authority that hosts the meeting will be responsible for conducting the meeting in accordance with its own procedure rules.

¹ Membership of the Committee will follow the guidance as outlined in the Protocol for the Yorkshire and the Humber Councils Joint Health Scrutiny Committee