

# Appendix Two

## JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### TERMS OF REFERENCE

1.1 The Sussex and Surrey Joint Health Overview and Scrutiny Committee is established by the Local Authorities of **Brighton & Hove City Council, East Sussex County Council, Surrey County Council** and **West Sussex County Council (constituent areas)** in accordance with s.245 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

1.2 It will be a standing Joint Overview and Scrutiny Committee or a sub-committee thereof which will undertake scrutiny activity in response to a particular reconfiguration proposal or strategic issue affecting some, or all of the constituent areas.

1.3 The length of time a specific matter / proposal will be scrutinised for will be determined by the Joint Committee or Sub Committee.

1.4 The purpose of the Standing Joint Committee is to act as a full committee or commission sub-committees to consider the following matters and carry out detailed scrutiny work as below:

(a) To engage with Providers and Commissioners on strategic sector wide *proposals* in respect of the *configuration* of health services affecting some or all of the area of Brighton & Hove, East Sussex, Surrey or West Sussex (constituent area).

(b) Scrutinise and respond to the consultation process (including stakeholder engagement) and final decision in respect of any reconfiguration proposals affecting some, or all of the constituent areas.

(c) Scrutinise in particular, the adequacy of any consultation process in respect of any reconfiguration proposals (including content or time allowed) and provide reasons for any view reached.

(d) Consider whether the proposal is in the best interests of the health service across the affected area.

(e) Consider as part of its scrutiny work, the potential impact of proposed options on residents of the reconfiguration area, whether proposals will deliver sustainable service change and the impact on any existing or potential health inequalities.

(f) Assess the degree to which any proposals scrutinised will deliver sustainable service improvement and deliver improved patient outcomes.

(g) Agree whether to recommend to its constituent areas that the local authorities individually use their statutory powers of referral to refer either the consultation or the final decision in respect of any proposal for reconfiguration to the Secretary of State for Health.

(h) As appropriate, review the formal response of the NHS to the Committee's consultation response.

1.5. The Joint Committee will consist of three Councillors nominated by each of the constituent areas and appointed in accordance with local procedure rules, and with regard to the requirement for nominees to statutory joint committees to be proportionate to the political make-up of the constituent authority. Each Council can appoint named substitutes in line with their local practices.

1.6 Appointments to the Joint Committee will be made annually by each constituent area with in-year changes in membership confirmed by the relevant authority as soon as they know.

1.7 The life of the Joint Committee will be for a maximum of four years.

1.8 The JHOSC is being established to scrutinise NHS change plans that affect two or more councils within the Sussex and East Surrey STP footprint. In the event of the footprint changing so that one of the constituent JHOSC bodies is no longer part of the footprint, that council is free to resign from the JHOSC. Should the JHOSC Chairman or Vice Chairman represent such a council, the JHOSC will elect replacements.

1.9 For each specific piece of scrutiny work undertaken relating to consultations on reconfiguration or substantial variation proposals affecting all or some of the constituent areas, the Joint Committee will either choose to act as a full Committee or can agree to commission a sub-committee to undertake the detailed work and define its terms of reference and timescales. This will provide for flexibility and best use of resource by the Joint Committee.

1.10 In determining how a matter will be scrutinised, the Joint Committee can choose to retain decision-making power or delegate it to a sub-committee.

1.11 The overall size of each sub-committee will be determined by the main Committee and must include a minimum of 1 representative per affected constituent area.

1.12 Where a proposal for reconfiguration or substantial variation covers some but not all of the constituent areas, in establishing a sub-committee, formal membership will only include those affected constituent areas. Non affected constituent areas will be able to nominate members who can act as 'observers' but will be non-voting.

1.13 The Committee and any sub-Committees will form and hold public meetings, unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000, in accordance with a timetable agreed upon by all constituent areas and subject to the statutory public meeting notice period.

1.14 The JHOSC will be responsible for determining whether any specific NHS change plan which impacts on two or more of the

JHOSC members constitutes a Substantial Variation in Service (SViS) such that it requires formal consultation with the JHOSC.

