Overview and Scrutiny Co-ordinating and Call-In Committee
Tuesday 22 August 2017, Committee Suite, Town Hall, South Shields at 10.00 a.m.

Agenda

1. Chairman's Welcome
2. Declarations of Interest
   - Members and Officers to declare interests in any agenda items.
3. Minutes of the meeting of 11 July 2017
4. Verbal update reports from the Select Committees and Performance Panels
   - To receive verbal updates from the Select Committees and the Performance Panels.
5. The health impact of Welfare Reform in South Tyneside
   - To consider health impact of Welfare Reform in South Tyneside.
6. Hot Food Takeaways
   - To receive a verbal update on hot food takeaways as part of the Council’s Supplementary Planning Document.
7. Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee
   - To consider the proposed Terms of Reference and Protocol for the Northumberland, Tyne and Wear and North Durham Joint Health Scrutiny Committee.
8. Work Programme
   - To identify issues for future meetings of the Panel to be included for the Work Programme.

Contact Officer, Brian Springthorpe, Strategy and Democracy Support Officer – tel. 424 7261
9. Chairman’s Urgent Items

- To consider any items which the Chairman has agreed to accept as urgent business.
Overview and Scrutiny Co-ordinating and Call-In Committee
22 August 2017

Overview & Scrutiny Co-ordinating & Call-in Committee Minutes
11 July 2017

Present: Councillors Dix (Chairman), Amar, Bell, Donaldson, Huntley, McCabe, McMillan, Sewell and M Walsh

In attendance: Councillor NE Maxwell (Lead Member Voluntary Sector Partnerships and Cooperatives)
Councillor Dixon (Lead Member Independence and Wellbeing)

Nicola Huckerby, Cooperative Councils Innovation Network

Paul Baldasera (Strategy and Democracy Officer), Mike Conlon (Director of Operations) and Brian Springthorpe (Strategy and Democracy Support Officer)

1. Chairman’s Welcome

The Chairman welcomed all present.

2. Declarations of Interest

There were no declarations of interest.

Contact Officer: Brian Springthorpe, Strategy and Democracy Support Officer – Telephone 0191 424 7261
3. Minutes of the meeting held on 23 May 2017

Agreed: That the minutes of the meeting held on 23 May 2017 be approved.

4. Matters Arising

Public Health Priorities 2017/18

A Member advised that the public consultation was now underway into the clinical services review between South Tyneside and Sunderland hospitals which would have a major impact on services available locally to residents. It was suggested that the issue be brought before the Overview and Scrutiny Committee.

The Chairman recognised the importance of the issue and advised that this issue was being considered by the Joint Health Scrutiny Committee set up between South Tyneside and Sunderland Councils.

A series of formal consultation events had been organised by the Clinical Commissioning Groups and NHS England. It was understood that a public meeting had been organised on the issue by the local MP.

5. Co-operative Council Commission

Paul Baldasera, Strategy and Democracy Officer, advised the Committee that Cabinet had asked it to undertake a Commission on becoming a Co-operative Council and highlighted the agreed Terms of Reference:

- To gain an understanding of Co-operative Councils;
- To explore good practice from councils signed up to the Co-operative Councils Innovation Network;
- To recommend an Action Plan on how to develop as a co-operative council over the next 5 years.

Councillor NE Maxwell advised that it was the Council’s aim was to work in ways to maximise the benefits to residents and the community. A number of examples were highlighted, including the asset transfers of Community Association buildings to local groups, the Council’s adoption of the South Tyneside Living Wage, community activity funding through local Community Area Forum meetings, the Supply South Tyneside initiative to spend 50% of Council funding within the borough and a range of partnerships with other public bodies, local groups and residents.

Cabinet had made three recommendations:
- To join the Co-operative Council Innovation Network;
For Overview and Scrutiny Committee to carry out a Scrutiny Commission;
To produce an Annual Report.

The Strategy and Democracy Officer advised the Committee that it was required to carry out a Commission and report its findings and recommendations to Cabinet.

It was confirmed that the Council had recently joined the Co-operative Council Innovation Network.

Nicola Huckerby, Cooperative Councils Innovation Network, advised the Committee that the Network existed to support councils in their aims to become more cooperative and gave a presentation which outlined its work.

The presentation covered:
- The role of the Network;
- Council membership and the organisational structure of the Network;
- The role of co-operatives in the economy;
- Projects carried out in 2016 and planned for 2017;
- History and international impact of the co-operative movement;
- UK co-operatives;
- A number of case studies.

World-wide there were 1 billion members of 2.6 million co-operatives which employed over 250 million workers. The top 300 co-operatives had a turnover greater than the Gross Domestic Product of France. In the UK there were 13.6 million members of nearly 7,000 co-operatives employing over 226,000 workers with a turnover in excess of £35 bn.

Members of the Co-operative Council Innovation Network represented over 6 million residents with a combined budget of over £8.25 bn.

Members noted that there was a network for co-operative schools and locally, Epinay Business and Enterprise School was a co-operative school.

Members discussed the membership, governance and organisational structure of the Network. Membership fees were based on population, pooled together and used to support a number of co-operative projects across the country. Currently, projects included work on Health and Social Care and the impact of devolution on the co-operative agenda.
The Network had a website page for each member council to include its own work as case studies.

Case studies highlighted that some councils used local credit unions, rather than offshore banks, to hold surplus balances. A range of other examples included the use of co-operatives as suppliers and involved local children in the design of a new play park.

Members recognised that there were many potential opportunities for South Tyneside to investigate. A key issue would be how to embed co-operative business models into the organisation as part of day to day considerations, particularly as reduced financial resources impacted on service provision.

The Chairman thanked Nicola Huckerby for her presentation.

Agreed: (a) That the presentation be noted and (b) the following issues be highlighted:

- Consider how the Council’s Procurement Strategy took into account co-operatives as suppliers;
- Consider the use of Credit Unions to hold Council balances;
- Promote the Co-operative Schools Network to local schools;
- The need to embed co-operative business models into the South Tyneside Council’s culture when looking at service delivery models.

6. Proposed Merger of Dental Practices

Paul Baldasera, Strategy and Democracy Officer outlined the proposed merger between the practices following the retirement of a dentist and the subsequent purchase of the practice.

The merger would create increased hours of service provision and patients would be able to access a wider range of clinical staff.

During discussion, it was confirmed that dental practice mergers were required to be notified to and considered by the Overview and Scrutiny Committee in the same way as any GP practice mergers. NHS England would make their final decision in due course.

Agreed: (a) That the report be noted and (b) no objections be made to the proposed merger of the practices.
7. Work Programme 2017/18

Submitted: Report of the Overview and Scrutiny Coordinating and Call In Committee

Members were asked to note that the draft work programme for the Committee for 2017/18 and to suggest any items for consideration at future meetings.

Members highlighted young people leaving care and trees as possible issues for future consideration. It was recognised that other Council Committees and Performance Panels were well placed to undertake this work.

Agreed: That the Committee’s 2017/18 Work Programme be noted and updated as necessary for future meetings.

8. Chairman’s Urgent Items

There were no urgent items.
VERBAL ITEM

Updates from the Select Committees and Performance Panels
Why has the Report come to Scrutiny?

1. This report has come to scrutiny in response to a request from members for information on the known and likely impacts of welfare reform on the health of residents in South Tyneside.

How is this linked with the Council’s “Shaping our Future” Strategy aims and objectives?

2. The contents of this report link to the following strategic objectives:
   - Work with communities to reduce poverty
   - Improve health and wellbeing
   - Inward investment, jobs and growth

3. This report is relevant to the following outcomes linked to these strategic objectives:
   - Healthier people
   - A regenerated South Tyneside with increased business and jobs
   - Fewer people in poverty
What are Members asked to do?

4. Members are asked to note the contents of the report and feed the comments into their recommendations and further discussions.

How will Members’ views make a difference?

5. Members are best placed to evaluate whether existing services within the borough meet the needs and expectations of residents affected by welfare reform, many of whom are vulnerable. Members’ views on future improvements or areas for development will inform service improvement plans which will impact on the quality of health and financial wellbeing services delivered to residents.

Introduction

6. The government’s welfare reform agenda aims to incentivise work by reducing the amount of financial support available to individuals claiming out of work benefits. In total the reforms are expected to save the public purse £19 billion over the lifetime of the programme. The reforms are directed at working-age households only, and include policies such as:

- The benefit cap: The total amount of money a household can receive in out-of-work benefits is restricted to £384.62 per week for couples and families, and £257.69 for single people
- Localised budgets: council tax support, local welfare provision and homeless prevention funds have been devolved to local authorities, with reduced budgets
- Universal credit: households receiving multiple benefits (e.g. a family receiving housing benefit, jobseeker’s allowance and child tax credits) will now receive these as a single monthly payment from which they will be expected to pay all their bills directly
- Under-occupation charges: entitlement to help with housing costs is reduced if households have a ‘spare’ bedroom
- A new 2-child benefit limit: From April 2017 there is no extra entitlement to child benefits for families with a third child unless that child is the result of sexual assault.

Background Information: The National Picture and Regional Findings

7. For individuals and families, these cuts equate to a decrease in real-terms income and an increase in income inequality. Certain groups are impacted unevenly; families with children are nine times more likely to be affected by the ‘benefit cap’ as adult-only households, and

---

women in Northern Ireland risk prosecution for failure to report a crime if they claim benefits for a third child conceived as a result of a sexual assault and do not notify the police. These policies are unlikely to be reversed under the current government despite challenges in the Supreme Court declaring some of the policies to be in breach of the UN Convention on the Rights of the Child.

8. The link between financial difficulty and mental health difficulties is well established through research conducted by the World Health Organisation and it is reasonable to conclude that there will be an increased demand locally for mental health services as the impact of the cuts hits. Research conducted in Wales identified health impacts from welfare benefit changes that included mental health problems; cardiovascular and respiratory illnesses; obesity-related illnesses; substance misuse and associated alcohol and drug related harms; and suicides, homicides and domestic violence.

9. Closer to home, in England over 85% of universal credit claimants living in council housing are in arrears with their rent as a result of budgeting difficulties, payment delays and government errors. These households are increasingly reliant on foodbanks, debt advice services, payday lenders and hardship funds to stay afloat.

10. Regional studies have shown that residents in the north-east have experienced an increase in fear, anxiety and distress as a direct result of welfare reforms, and other local authorities predict a consequent increase in poor-quality housing, malnutrition and use of mental health services. The largest foodbank in the UK is based in the north-east and demand still outstrips supply.

Challenges: The Local Picture

11. The Welfare Support Service, a council-funded financial inclusion and advice team in South Tyneside, have conducted some research within the borough and have established that the economic impact of local residents largely mirrors the national picture:

---

3 https://www.theguardian.com/society/2015/mar/18/uk-benefit-cap-is-lawful-supreme-court-rules
4 http://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf
5 http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Health%20Impact%20of%20Welfare%20Reform.pdf
6 http://www.arch-housing.org.uk/media/96253/nfa__arch_universal_credit_-_a_progress_update__welfare_reform_survey_findings_-_as_at_sept_2016__.pdf
9 https://www.theguardian.com/society/2016/dec/21/christmas-food-bank-newcastle
• Around 2,000 residents are affected by under-occupation charges with a total loss of income to the borough of £7.2 million since the policy was introduced
• Around 200 households in South Tyneside are affected by the benefit cap with a total loss of income of £120,000
• £1.75 Million has been paid in Discretionary Housing Payments (hardship payments for housing costs) since the welfare reform agenda began in 2013; the majority of these payments were to offset under-occupation charges
• On a positive note, unemployment in South Tyneside has fallen from its 2010 peak (although it remains at the second highest rate in the region after Middlesbrough, at 9.6%).\(^\text{10}\) Falling unemployment rates are an indicator of positive health outcomes including lower mortality, lower rates of chronic illness, lower rates of medical consultation and admission, and reduced psychological distress.\(^\text{11}\) Employment is also associated with increased financial resilience and independence, particularly full-time employment.\(^\text{12}\) Part-time and insecure employment, on the other hand, is associated with an increase in stress and anxiety and around 11% of employment contracts in South Tyneside fall into this category.\(^\text{13}\)

Key Issues

12. There are clear health impacts stemming from the welfare reform agenda, particularly around mental health, resilience and wellbeing. Other health impacts stemming from income inequality and real-terms poverty (e.g. increased morbidity and increased chronic illness) can also be anticipated. Protective factors include full-time secure employment, financial and social resilience and secure, good quality housing. As a deprived borough with a significant net loss of income due to welfare reform, residents in South Tyneside are experiencing disproportionate hardship and are likely to continue to do so.

Financial and Value for Money Implications

13. Welfare reforms pose a threat to income within the borough including direct income through local taxation. There are no VFM implications arising from this report.

\(^{\text{13}}\) http://www.chroniclelive.co.uk/business/business-news/north-east-become-uk-capital-12741251
Legal Implications

14. There are no legal implications arising from this report.

Risk and Opportunity Implications

15. There are risks to local authority income and to residents' health incomes, as described above.

Equality and Diversity Implications

16. There are no EQD implications arising from this report.

Environmental and Sustainability Implications

17. There are no environmental or sustainability implications arising from this report.

Recommendations

18. Members are recommended to note the content of the report and make recommendations for further scrutiny and improvement as they see fit.
Health Impact of Welfare Reform in South Tyneside

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

<table>
<thead>
<tr>
<th>Background Paper</th>
<th>File Ref:</th>
<th>File Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VERBAL

Hot Food Takeaways
Overview and Scrutiny Coordinating and Call-in Committee
Date: 22 August 2017

Establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

Report of the Corporate Lead Strategy and Performance

Cabinet Portfolio/Lead Member: Cllr Alan Kerr, Deputy Leader

Why has the Report come to Scrutiny?

1. This report invites members to consider the establishment of a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and any associated service review proposals.

How is this linked with the Council’s “Shaping our Future” Strategy aims and objectives?

2. Healthier People

What are Members asked to do?

3. Agree to the establishment of a Northumberland, Tyne and Wear and North Durham Joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report;

4. Agree the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the
Northumberland, Tyne and Wear and North Durham STP and associated consultation and engagement plans.

**How will Members’ views make a difference?**

5. Members’ views will be considered in establishing the new committee.
Introduction

6. Members will be aware of the work being undertaken by the South Tyneside and Sunderland Joint Health Scrutiny Committee with respect to consultation on the services reviews (*Path to Excellence*) which have arisen from the alliance formed between South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust. Whilst this cover the vast majority of services provided to South Tyneside residents, the wider Northumberland, Tyne and Wear and North Durham STP will result in service changes to regional wide services not covered by the *Path to Excellence* work.

Sustainability and Transformation Plans

7. In December 2015, the NHS shared planning guidance 2016/17 – 2020/21 outlined a new approach to help ensure that health and care services were built around the needs of local populations. To do this, every health and care system in England, involving local organisations such as NHS providers, commissioners, and local authorities, were asked to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services would evolve and become sustainable over the next five years – ultimately delivering the NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

8. South Tyneside is covered by the Northumberland, Tyne and Wear and North Durham STP.

9. NHS system leaders met to discuss how best to create these plans, reflecting on the work that has already been developed in a number of areas across the North East and Cumbria and the STP draft documents were submitted to NHS England in October 2016.

10. The draft STPs were published in November 2016.

11. Whilst the *Path to Excellence* consultation will cover all services provided by South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Trust, the Northumberland, Tyne and Wear and North Durham STP covers the full range of service provided to residents including specialist services provided in Newcastle, Gateshead and other areas. It is therefore important that a framework for scrutinising the wider STP footprint is established. Legislation, referred to below, says that this must take the form of a Joint Health Scrutiny Committee involving all local authorities affected by proposed service changes.
Establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

12. The local authorities affected by the Northumberland, Tyne and Wear and North Durham STP have provisionally agreed to establish a joint Health Scrutiny Committee to oversee the development of the STP and any associated proposals for substantial development and variation to health services.

13. In accordance with the regulations detailed below, the new Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.

14. The protocol and terms of reference for the revised Joint Health Scrutiny Committee have been drafted by health scrutiny officers across the respective local authorities setting out the updated role and function of the joint Committee as well as the proposed representation required from each Council.

15. It is proposed that the Council appoint three representatives to the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee.

Provisions for consultation and engagement of Overview and Scrutiny Committees

16. The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.

17. A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not “substantial” for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.

18. Only the joint scrutiny committee may require the organisation proposing the change to provide information to them, or attend before
them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change. Failure by an NHS body or relevant health service provider to provide information requested by a local authority who is not participating in the joint scrutiny process and who is therefore not entitled that that information does not constitute a failure to consult that authority and is therefore not a valid reason for a referral to be made to Secretary of State.

19. They may not participate further in the joint scrutiny arrangements, unless changes occur during the development of proposals that make the impact substantial for residents in the local authority’s area. The local authority, in these cases, should not expect to revisit any matters that the joint committee has already considered.

20. In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. The provisions of co-option set out above apply, enabling the involvement of district councils in the scrutiny process.

21. Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change. The power to refer to Secretary of State should only be exercised once the NHS body or relevant health service provider proposing the service change has responded to the comments of the joint scrutiny committee and all forms of local resolution have been exhausted. However, it can be exercised by any of local authorities originally consulted or by the joint arrangement where the power to refer has been delegated to it.

Financial and Value for Money Implications

22. There are no immediate financial implications for the Council. However, failure to make service changes will result in financial risk to the two NHS Trusts.

Legal Implications

23. Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's
Establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

health scrutiny function about substantial reconfiguration proposals (referred to as a mandatory joint health scrutiny committee).

Risk and Opportunities Implications

24. The establishment of this Health Scrutiny Joint Committee provides a dedicated Committee to ensure that service changes affecting South Tyneside residents are thoroughly scrutinised to ensure that future services meet health needs.

25. Failure to scrutinise changes may result in decisions made that do not fully reflect the needs of residents.

Equality and Diversity Implications

26. There are no Equality and Diversity implications from establishing the Joint Health Scrutiny Committee.

Environmental and Sustainability Implications

27. There are no Environmental and Sustainability implications from establishing the Joint Health Scrutiny Committee.

Recommendations

28. The Committee are asked to:

(a) Receive and comment upon the information detailed within the report.

(b) Agree to the establishment of a Northumberland, Tyne and Wear and North Durham Joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report.

(c) Agree the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Northumberland, Tyne and Wear and North Durham STP and associated consultation and engagement plans.

(d) Ask that Full Council formally adopt the proposed protocol, Terms of Reference
Appendix

Protocol for a Joint Health Scrutiny Committee
Northumberland, Tyne and Wear and North Durham STP

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom. The proposals affect the Northumberland CCG, Tyne and Wear CCGs and the North Durham CCG area of County Durham. They are being proposed by the following:

   - Newcastle Gateshead CCG
   - North Durham CCG
   - North Tyneside CCG
   - Northumberland CCG
   - South Tyneside CCG
   - Sunderland CCG

2. The terms of reference of the Joint Health Scrutiny Committee is set out at Appendix 1.

3. A Joint Health Scrutiny Committee (“the Joint Committee”) comprising Durham County Council; Gateshead BC; Newcastle-upon-Tyne City Council; North Tyneside BC; Northumberland County Council; South Tyneside BC and Sunderland City Council (“the constituent authorities”) is to be established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1. In particular in order to be able to:-

   (a) respond to the draft STP consultation and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom;

   (b) require the relevant NHS Bodies to provide information about the proposals;

   (c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.

4. The Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

Local Authorities

Durham County Council; Gateshead BC; Newcastle-upon-Tyne City Council; North Tyneside BC; Northumberland County Council; South Tyneside BC and Sunderland City Council;
Appendix

Clinical Commissioning Groups

Newcastle Gateshead CCG
North Durham CCG
North Tyneside CCG
Northumberland CCG
South Tyneside CCG
Sunderland CCG

NHS Foundation Trusts

City Hospitals Sunderland NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust
Gateshead Health NHS Foundation Trust
Newcastle-upon-Tyne NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
South Tyneside NHS Foundation Trust
Northumberland, Tyne and Wear NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
North East Ambulance Foundation Trust

Membership

5. The Joint Committee will consist of equal representation, with three representatives to be appointed by each of the constituent authorities.

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 the replacement representative shall 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 all 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 one member representative from each of the constituent authorities.

Chair and Vice-Chair

10. For the purposes of the consideration of the Sustainability and Transformation Plan (Draft and Final) the Chair of the Joint Committee will be a Member representative from [XXXX] and the Vice-Chair will be a Member representative from [XXXX]. The Chair will not have a second or casting vote.
Appendix

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.

12. For the purposes of the consideration any proposals for substantial development and variation to health services contained within or resulting from the Sustainability and Transformation Plan (Draft and Final), the Committee will be chaired from one of the affected local authority areas.

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. 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 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 Report and Consultation Response

17. The relevant NHS body are required to notify the Joint Committee of the date by which its consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before its makes its 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 report and formal consultation response to the relevant NHS Bodies and the constituent authorities.

18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee’s final report and formal consultation response will include, 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.

Following the Consultation

19. Any next steps following the initial consultation response will be taken with due reference to the ‘Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny’ (Department of Health; June 2014).

Principles for joint health scrutiny

20. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.

21. The constituent authorities and the relevant NHS Bodies will be willing to 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. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.

22. 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.

23. 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.
Appendix

Joint Health Scrutiny Committee

Northumberland, Tyne and Wear and North Durham STP

Terms of Reference

1. To consider the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (hereafter called STP)

2. To consider proposals for substantial development and variation to health services as contained in and/or developed from the STP and as proposed by the following:

   - Newcastle Gateshead CCG
   - North Durham CCG
   - North Tyneside CCG
   - Northumberland CCG
   - South Tyneside CCG
   - Sunderland CCG

3. To consider the following in advance of the formal public consultation:

   - The aims and objectives of the STP;
   - The plans and proposals for public and stakeholder consultation and engagement;
   - Any options for service change identified as part of the STP including those considerations made as part of any associated options appraisal process.

4. To consider the STP’s substantive proposals during the period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.

5. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined 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; 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.

6. 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.
Appendix

7. To oversee the implementation of any proposed service changes agreed as part of the STP process.

8. The Joint Committee does not have the power of referral to the Secretary of State.
Proposed Health Scrutiny Structure in the North East

North East Region Health Scrutiny Committee

Northumberland, Tyne and Wear and North Durham STP Joint Health OSC

South Tyneside and Sunderland Joint Health OSC

South Tyneside OSC

Better Health Programme Joint OSC (Durham and Tees Valley)
Establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

<table>
<thead>
<tr>
<th>Background Paper</th>
<th>File Ref:</th>
<th>File Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority Scrutiny Guidance: Guidance to support Local Authorities and their partners to deliver effective health scrutiny.</td>
<td></td>
<td>DoH 2014</td>
</tr>
</tbody>
</table>

Contact Officer:
Overview & Scrutiny Coordinating and Call-in Committee

Date: 22 August 2017

Work Programme: 2017/2018

Report of the Overview & Scrutiny Coordinating and Call-in Committee

Cabinet Portfolio/Lead Member: Deputy Leader of the Council

Why has the Report come to Scrutiny?

1. The aim of this report is to present the Committee with a draft Work Programme for the 2017/18 Municipal Year and to provide Members with details of the draft Work Programmes for the Council’s Select Committees and Performance Panels.

How is this linked with the Council’s “Shaping Our Future” Strategy aims and objectives?

2. It is essential that all of the Select / Scrutiny Committees’ Work Programmes are linked to specific corporate priority themes and, in each case, the methodology used to prioritise the items should be clearly identifiable.

What are Members asked to do?

3. Members are asked to review and approve the Committee’s draft 2017/18 Work Programme (appendix 1).
How will Members’ views make a difference?

4. The Work Programme has been developed in such a way that Members’ views can be incorporated into it at all stages. This ensures that all of the Select / Scrutiny Committees’ Work Programmes reflect Members’ priorities.

Introduction

5. As a starting point the Strategy and Democracy Officer (Scrutiny) has attended meetings with each of the Council’s Group Management Teams to identify any emerging issues that might be of particular interest to Scrutiny / Select Committee Members.

6. The attached Work Programme takes into account such issues together with any matters identified by the Committee at its final meeting in the 2016/2017 Municipal Year and a number of ongoing issues and various standing items that form a regular part of the committee’s business.

7. Members are invited to review the draft Work Programme and add to or amend any of the items contained with it.

What should be in the Work Programmes?

8. Members are reminded that Work Programmes should be based on key criteria if they are to be an effective tool for scrutiny. They should be:

- Focused on the Council’s priorities;
- Use Performance Information to determine areas for review;
- Concerned with Value For Money;
- Coordinated and complementary;
- Make a real difference to policy development and service delivery.

9. There are other external drivers that we need to take into account when selecting what we scrutinise such as: -

- Plans of partner organisations – particularly those with whom we have statutory responsibilities;
- National policies;
- Local concerns expressed through surveys, focus groups, CAFs etc.

Developing the Work Programme

10. It is important to note that the Work Programme is not a rigid document but can change over the course of the Municipal Year to reflect new priorities, emerging issues and additional areas of scrutiny identified by Members.
11. Such changes to the Work Programme will only be carried out with the approval of the Chairman or the Committee and will be highlighted for Members’ information.

Recommendation

12. That Members review and approve the Overview and Scrutiny Coordinating and Call In Committee’s draft Work Programme for the 2017/18 Municipal Year (appendix 1) and suggest any amendments to the programme as appropriate.
## Work Programme 2017/2018:
### Overview and Scrutiny Co-ordinating and Call-In Committee

**Appendix 1**

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Focus Area</th>
<th>Methodology (commission, workshops, focus groups, visits etc)</th>
<th>Responsible Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 May 2017</td>
<td>Role of Members in delivering effective scrutiny</td>
<td>Presentation</td>
<td>Paul Baldasera (Strategy and Democracy Officer)</td>
</tr>
<tr>
<td></td>
<td>Cooperative Council</td>
<td>Report</td>
<td>Paul Baldasera (Strategy and Democracy Officer)</td>
</tr>
<tr>
<td></td>
<td>Public Health Priorities 2016/17</td>
<td>Presentation</td>
<td>Tom Hall (Interim Director of Public Health)</td>
</tr>
<tr>
<td>11 July 2017</td>
<td>Cooperative Council Commission</td>
<td>Evidence gathering</td>
<td>Paul Baldasera (Strategy and Democracy Officer)</td>
</tr>
<tr>
<td></td>
<td>Dental Practice Merger</td>
<td>Report</td>
<td>Paul Baldasera (Strategy and Democracy Officer)</td>
</tr>
<tr>
<td>22 August 2017</td>
<td>Verbal update reports from the Select Committee and Performance Panel Chairs</td>
<td>Verbal report – This item will enable Members to monitor and coordinate the scrutiny work being planned or undertaken by the Council’s Select Committees and Performance Panels</td>
<td>Paul Baldasera (Strategy and Democracy Officer) Select Committee / Performance Panel Chairs</td>
</tr>
</tbody>
</table>

Verbal report – This item will enable Members to monitor and coordinate the scrutiny work being planned or undertaken by the Council’s Select Committees and Performance Panels.
<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Focus Area</th>
<th>Methodology (commission, workshops, focus groups, visits etc)</th>
<th>Responsible Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 October 2017</td>
<td>Verbal update from Police and Crime Commissioner</td>
<td>Verbal report</td>
<td>Office of the PCC</td>
</tr>
<tr>
<td></td>
<td>Adult Safeguarding Board: Update Report</td>
<td>Report</td>
<td>Peter Tomlin (Interim Service Manager) Jackie Nolan (Children’s Safeguarding Board Business Manager)</td>
</tr>
<tr>
<td>14 November 2017</td>
<td>Verbal update reports from the Select Committee and Performance Panel Chairs</td>
<td>Verbal report – This item enable Members to monitor and coordinate the scrutiny work being planned or undertaken by the Council’s Select Committees and Performance Panels</td>
<td>Paul Baldasera (Strategy and Democracy Officer) Select Committee / Performance Panel Chairs</td>
</tr>
<tr>
<td>Date of Meeting</td>
<td>Focus Area</td>
<td>Methodology (commission, workshops, focus groups, visits etc)</td>
<td>Responsible Officer</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>2 January 2018</td>
<td>Draft Council budget 2017/18</td>
<td>Presentation: This will be an opportunity for the Committee to consider and comment on the Council’s draft budget for 2018/19.</td>
<td>Stuart Reid (Head of Finance)</td>
</tr>
<tr>
<td></td>
<td>Leader of the Council to attend to respond to Members’ questions in respect of his Cabinet portfolio</td>
<td>Question and answer session</td>
<td></td>
</tr>
<tr>
<td>13 February 2018</td>
<td>Crime and Disorder Performance Review</td>
<td>Written report focusing on various CDRP priority areas</td>
<td>Andrew Whittaker (Corporate Lead Area Management)</td>
</tr>
<tr>
<td></td>
<td>South Tyneside CCG: Commissioning Intentions 2018/19</td>
<td>Presentation</td>
<td>David Hambleton (Chief Officer, STCCG) / Christine Briggs (Director of Operations, STCCG) / Aaron Tucker (Commissioning Manager, STCCG)</td>
</tr>
<tr>
<td>Date of Meeting</td>
<td>Focus Area</td>
<td>Methodology (commission, workshops, focus groups, visits etc)</td>
<td>Responsible Officer</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>10 April 2018</td>
<td>Verbal update reports from the Select Committee and Performance Panel Chairs</td>
<td>Verbal report – This item enable Members to monitor and coordinate the scrutiny work being planned or undertaken by the Council’s Select Committees and Performance Panels</td>
<td>Paul Baldasera (Strategy and Democracy Officer)</td>
</tr>
<tr>
<td>To be confirmed</td>
<td>GP Access Update</td>
<td>Report</td>
<td>Christine Briggs (Director of Operations, STCCG)</td>
</tr>
<tr>
<td>To be confirmed</td>
<td>Welfare Support to residents in the borough</td>
<td>Report</td>
<td>Welfare Support Team</td>
</tr>
</tbody>
</table>
Work Programme 2016/2017

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

<table>
<thead>
<tr>
<th>Background Paper</th>
<th>File Ref:</th>
<th>File Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous meetings of the OSCCI Committee</td>
<td>Various</td>
<td>Strategy and Democracy Office</td>
</tr>
</tbody>
</table>
VERBAL
Chairman’s Urgent Items