

APPENDIX 1 (TO ITEM 5)

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TO REVIEW "SHAPING HEALTH SERVICES TOGETHER - CONSULTATION ON DEVELOPING NEW, HIGH-QUALITY MAJOR TRAUMA AND STROKE SERVICES IN LONDON"

4 FEBRUARY 2009

PROPOSED RULES OF PROCEDURE

PROCEDURES

Chair and Vice-Chairs

1. The Joint Committee will consider the appointment of a Chair and Vice Chairs at its first formal meeting.
2. A separate note on the proposed procedure for electing a Chair and Vice Chairs is attached (below) as Annex 1.

Substitutions

3. Substitutes may attend Joint Committee meetings in lieu of nominated members. Continuity of attendance throughout the review is strongly encouraged, however.
4. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the officer support group is informed of any changes prior to the meeting.
5. Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting

Quorum

6. The quorum of the meeting of the Joint Committee will be 10 members.

Voting

7. Members of the Joint Committee should endeavour to reach a consensus of views. In the event that a vote is required, each member present will have one vote. In the event of there being an equality of votes the Chair of the meeting will have the casting vote.
8. On completion of the scrutiny review by the Joint Committee, it shall produce a single final report, agreed by consensus and

reflecting the views of all the local authority committees involved.

Support

9. Administrative support will be provided by an officer support group.
10. The host Borough for each meeting of the Joint Committee will be responsible for arranging appropriate meeting rooms; ensuring that refreshments are available; providing spare copies of agenda papers on the day of the meeting; and producing minutes of the meeting promptly.

Meetings

11. Meetings of the Joint Committee will normally be held in public and, where possible, will take place at venues across each of the five London regions. Accessibility issues may mean that locations in and around Central London are the preferred option.
12. However, there may be occasions on which the Joint Committee may need to meet witnesses or hold visits outside of the formal committee meeting setting.
13. The Joint Committee may meet informally to discuss and draft its recommendations.
14. Meetings shall normally commence at 10am and aim to finish by 4pm, with a suitable break for lunch. The Joint Committee may resolve, by a simple majority, to continue the meeting for a maximum further period of up to 30 minutes.

Agenda

15. The agenda will be prepared by the officer support group, guided by the Chair and Vice-Chairs. The officer support group will send, by email, the agenda to all members of the Joint Committee (and their support officers) included on a database which will be held centrally by the officer support group.
16. It will then be the responsibility of each Borough to:
 - a. Publish the official notice of the meeting;
 - b. Put the agenda on public deposit;
 - c. Make the agenda available on their Council website; and
 - d. Make copies of the agenda papers available locally to other members and officers of that Authority and stakeholder groups as they feel appropriate.

Local Overview and Scrutiny Committees

17. The Joint Committee will invite local health overview and scrutiny committees to make known their views on the proposals contained within the consultation.

18. The Joint Committee will consider those views in making its conclusions and comments on the proposals outlined in the consultation document.
19. Local health overview and scrutiny committees will be encouraged to gather views from local NHS bodies and interested parties and advise the Joint Committee of instances where the Joint Committee should take evidence.

Representations

20. The Joint Committee will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders. However as a general principle, the Joint Committee:
 - a. Will not consider any written or verbal submissions from individual members of the public. It will however pass written submissions on to the Joint Committee of PCTs carrying out the consultation.
 - b. Will not consider any written or verbal submissions from interest groups that represent geographical areas that are contained within one local authority area. It will however signpost those groups to the relevant local authority overview and scrutiny committee who may wish to receive those submissions.
21. The Joint Committee will specifically request that the Joint Committee of PCTs considers reviews undertaken by local Overview and Scrutiny Committees. Summaries of the key points from these submissions will be appended to the Joint Committee's final report for submission to the Joint Committee of PCTs.

Timescale

22. This Joint Committee is constituted for a limited period ending when the NHS formally reports to the Joint Committee its decision on the consultation outcome - unless the Joint Committee wishes to refer the service reconfiguration to the Secretary of State. If that is the case, it will remain constituted until such time as the matter is brought to a close.

Annex 1 – Procedure for electing Chair and Vice-Chairs at first meeting of the Joint Health Overview and Scrutiny Committee (JHOSC)

Chairing of the JHOSC

- The proposal is for there to be a Chair and Vice Chairs of the JHOSC.
- It is assumed that, in addition to chairing meetings of the JHOSC, these Members will act as a Member steering group for the JHOSC.

In advance of the meeting

- A list of nominations received prior to the meeting for Chair and Vice Chairs will be sent (by email) the day prior to the meeting to members of the JHOSC, and copies tabled on the day of the meeting.
- The list of nominees will display name, political affiliation, and the local authority they are from.
- Nominees can put themselves forward for both the position of Chair or a Vice Chair.
- All nominations must be made with the knowledge and agreement of the person nominated.
- Nominations for the position of Chair will be dealt with first. Nominations will then be taken for the positions of Vice Chairs.
- If the Chair comes from one party, then it is automatically presumed that nominees from the same party for the positions of Vice Chairs will be excluded from the next stage of the process.

Suggested voting process

- All nominations will need to be seconded to proceed to a vote.
- Each seconded nominee will be asked to explain very briefly why they believe they should hold the post.

Voting for a Chair

A vote (by show of hands) will follow to elect a Chair.

NB At this point in the meeting: THE ELECTED CHAIR WILL BE ASKED TO LEAD THE PROCEEDINGS

Voting for Vice Chairs

- **NOTE:** Nominations remaining for a councillor from the party that holds the Chair will be excluded from the next stage of the process.
- The Chair will determine which position (party or independent) for Vice Chair will next be filled.
- A vote (by show of hands) will follow.
- A vote (by show of hands) will follow for the remaining position(s) of Vice Chair.

END of voting process - The meeting formally commences.

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Background documents

Report 5, Proposed Rules of Procedure, to 'Healthcare for London'
Joint Overview and Scrutiny Committee meeting on 30 November
2007