

APPENDIX C

TERMS OF REFERENCE FOR THE JOINT COMMITTEE FOR THE PENNINE CARE NHS TRUST

1. To scrutinise generic services provided by Pennine Care NHS Trust relating to the health of the population in Bury, Rochdale, Oldham, Stockport and Tameside and contribute to the development of policy to improve health and reduce health inequalities.
2. To undertake all the necessary functions of the Joint Scrutiny Committee in accordance with section 7 and regulations under that section, of the Health and Social Care Act 2001 relating to reviewing and scrutinising health service matters provided by the Care Trust. Such matters to include:-
 - (a) Receipt and consideration of performance information relating to the Pennine Care NHS Trust
 - (b) Receipt and consideration of any Annual reports of the Trust or outcome of official inspections e.g. Commission for Health Audit, The National Patients Safety Agency and the Commission for Patient and Public Involvement in Health
 - (a) Improving access to NHS service
 - (b) To review proposals for the implementation of new initiatives which affect people in Bury, Rochdale, Oldham, Stockport and Tameside in respect of patients and public involvement..
 - (c) To review proposals for consideration or items relating to proposed substantial development/substantial variations to services provided by the Trust which affects the Authorities referred to. This could include:-

Changes in accessibility of services

- (i) The rationale for changes in access ability of services, for example both reductions and increases on a particular site or changes in opening times for a particular clinic;

Impact of Proposal on the Wider Community

- (ii) Impact of proposal on the wider community and on other services including economic impact, transport and regeneration;

Patients Affected

- (iii) Patients affected, changes may affect the whole population (such as changes to accident and emergency) or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years. There should be an informed discussion about whether this is the case and which level of impact is considered substantial;

Methods of Service Delivery

- (iiii) Methods of service delivery, forcing the way a service is delivered may be a substantial change – for example moving a particular service into community settings rather than being entirely hospital based. The views of patients and patients forums will be essential in such cases.

3. To review the procedural outcome of consultations referred to in (e above) particularly the rationale behind contested proposals.
4. To undertake in-depth thematic studies in respect of services to which the Trust contributes where such studies can be undertaken on a Trust wide area basis.
5. To take account of relevant information available and in particular relevant information provided by Patient and Public Involvement Forums under their power of referral.
6. To maintain effective involvement of representatives of the Community Health Council until their abolition in September 2003.
7. To maintain effective links with Patient and Public Involvement Forums and give consideration to the co-option of appropriate patient representatives at the appropriate time.
8. To commission pieces of research as and when the need arises. Research costs which are estimated to exceed £5,000 should be the subject of a separate report to the constituent authorities.
9. To co-opt people onto the Joint Committee in order to provide appropriate expertise.
10. To promote the Joint Scrutiny Function in the Constituent Authorities and raise public awareness.
11. Refer locality based issues to the respective local authority for investigation.

NB: Each authority reserves the right to undertake individual scrutiny of the Trust's proposals/performance that specifically and individually affects local communities.