

HEALTH SCRUTINY PANEL
28 SEPTEMBER 2011
WORK PROGRAMME
REPORT OF DIRECTOR OF LEGAL AND DEMOCRATIC SERVICES

1. Purpose

- 1.1 To set the overall programme and timetable for the Health Scrutiny Panel's activity for the coming year.

2. Action required

- 2.1 The Committee is asked to agree a programme for its scrutiny work for the year 2011/12.

3. Background information

- 3.1 The Health Scrutiny Panel has four key roles this year, ie to:

- (a) undertake the Council's statutory role in scrutinising health services for the City in accordance with sections 7 and 8 of the Health and Social Care Act 2001 and associated regulations and guidance;
- (b) engage with and respond to formal and informal NHS consultations;
- (c) monitor the Council Executive's statutory responsibility to ensure an effective LINK through commissioning a host organisation;
- (d) scrutinise local arrangements for the commissioning and delivery of local health services to ensure reduced health inequalities, access to services and the best health outcomes for citizens.

- 3.2 At this meeting, the Panel will have the opportunity to discuss a schedule of work for this year.

- 3.3 In setting the programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its terms of reference as listed in paragraph 3.1 above.

- 3.4 There is one topic already entered on the schedule, the timing of which is determined by statutory deadlines, ie Nottingham CityCare Partnership Quality Account. A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of their services. Providers have to share their Quality Accounts prior to publication with their commissioning Primary Care Trust (PCT); the appropriate LINK (Local Involvement Network) and the appropriate local authority Overview and Scrutiny Committee. The commissioning PCT has a legal obligation to review and comment on a provider's Quality Account, while LINKs and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis. The organisation then has to include these comments in the published Quality Account.

- 3.5 Last year health scrutiny councillors scrutinised changes to the provision of community services under the government 'Transforming Community Services' programme to develop modern, responsive community services, with greater choice and personalisation, and delivery of care closer to home. The range of directly provided community services were grouped into nine procurement "bundles" based on reducing fragmentation, efficiencies of scale, opportunities for further integration, and ensuring an inclusive process. Following completion of the procurement process in December 2010, the Board of NHS Nottingham City, ratified the recommendations for the preferred providers - Nottingham CityCare Partnership, Nottingham University Hospitals and Nottinghamshire Healthcare Trust - for services to be delivered from April 2011. Health scrutiny councillors were keen to be reassured that the change of provider would not result in any loss or reduction in quality of service. The Health Scrutiny Panel will need to decide whether it wishes to include further scrutiny in its work programme this year to establish whether this is the case.
- 3.6 As it is the responsibility of this Panel to carry out the statutory health scrutiny role (see (a) and (b) in paragraph 3.1 above), the work programme will need to incorporate NHS consultations as they arise. It is important, therefore, that there is the flexibility to incorporate unplanned scrutiny work requested in-year. While the Panel is scheduled to meet every other month, it may need to hold a meeting in the intervening month in order to provide timely scrutiny of a proposed significant change to NHS services.
- 3.7 Councillors are reminded that their statutory responsibilities as follows:

While a 'substantial variation or development' of health services is not defined in Regulations, a key feature is that there is a major change to services experienced by patients and future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area.

This Committee has statutory responsibilities in relation to substantial variations and developments in health services in accordance with sections 7 and 8 of the Health and Social Care Act 2001 and associated regulations and guidance. These are to consider the following matters in relation to any substantial variations or developments that impact upon those in receipt of services:

- (a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;
- (b) Whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
- (c) Whether a proposal for changes is in the interests of the local health service.

Councillors should bear these matters in mind when considering proposals.

3.8 Under (c) and (d) of the Panel's remit (see 3.1 above) there are a number of areas to consider for scrutiny this year. The Panel is responsible for ensuring that the Council is carrying out its responsibility in relation to the Local Involvement Network (LiNK). In relation to local arrangements councillors will need to focus on a number of key areas, including:

- Establishment of the Health and Wellbeing Board (with particular reference to the development of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy)
- Development of Clinical Commissioning Groups
- Development of HealthWatch
- Transfer of Public Health responsibilities to the local authority

3.9 Councillors are asked to use the information provided at the informal meeting on 14th September and the information provided by contributors at today's meeting to explore where scrutiny might add value and make a difference to help inform their work programme.

3.10 The Panel will need to consider how it would like to focus its scrutiny on these areas, given its schedule to meet every other month unless a formal NHS consultation requires a meeting in between. Councillors could choose to focus on one or two topics in depth at each meeting or to take a shorter, sharper look at all key topics at every meeting.

3.11 Overview and Scrutiny committees are invited to provide information to the Care Quality Commission (CQC) to help the CQC judge how well NHS and Adult Social Care commissioners and providers meet essential standards. Information can be provided at any time throughout the year to be used as part of ongoing checks on services. The Panel will need to decide if it would like to consider whether it has any comments to submit to the CQC as a result of its scrutiny work at each of its meetings. If so, this would be included as a standing item on the Panel's agenda.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Health Scrutiny Panel Schedule of Work

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

None

7. **Wards affected**

Citywide

8. **Contact information**

Contact Colleague

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14 September 2011

Health Scrutiny Panel 2011/12 - Schedule _

28 Sept 11 1.30pm	26 Oct 11	30 Nov 11 1.30pm	21 Dec 11	25 Jan 12 1.30pm	29 Feb 12	28 Mar 12 1.30pm	25 April 12
<p>NHS Transition Process delivered by</p> <ul style="list-style-type: none"> • Dr Chris Packham, the Director of Public Health • Lucy Davidson, Assistant Director of Commissioning, NHS Nottingham City Clinical Commissioning Group • Lucy Branson, Assistant Director Strategy and Corporate Assurance, NHS Nottingham City • Andrew Hall, Acting Director of Health and Wellbeing Transition (NHS Nottingham City / Nottingham City Council) 				<ul style="list-style-type: none"> • Embedding Community Services (CityCare Partnership / NUH / Healthcare Trust) 		<ul style="list-style-type: none"> • Nottingham CityCare Partnership Quality Account 	

Topics to schedule:

Arrangements for the LINK / Development of HealthWatch

Establishment of the Health and Wellbeing Board:

- Development of JSNA & Health and Wellbeing Strategy
- Patient and public engagement / consultation /public accountability
- Relationship with CCG and the development of commissioning plans
- Joint commissioning and integrated provision / use of public sector resources
- Transition to statutory Board (at a later stage)

Development of Clinical Commissioning Groups

Transfer of Public Health

NHS Consultations – as required