

Health Scrutiny Committee

15 April 2021

Work Programme

Report of the Head of Legal and Governance

1. Purpose

- 1.1 To consider and agree items proposed for the Committee's work programme for 2021/22 based on areas of work identified by the Committee at previous meetings and further suggestions raised by members of the Committee.

2. Action required

The Committee is asked to:

- 1.1 agree the items that it wishes to include for scheduling in its work programme for 2021/22;
- 1.2 agree the items it wishes to schedule for its meeting to be held on 13 May; and
- 1.3 agree the proposal for scrutinising provider Quality Accounts 2020/21 and the membership of the small groups who will undertake this work.

3. Background information

Work Programme

- 3.1 The purpose of the Health Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:
- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
 - taking a strategic overview of the integration of health, including public health, and social care;
 - proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
 - being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.
- 3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:
- to review any matter relating to the planning, provision and operation of health services in the area;
 - to require information from certain health bodies¹ about the planning, provision and operation of health services in the area;

¹ This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including

- to require attendance at meetings from members and employees working in certain health bodies¹;
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);
- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a ‘substantial development or variation’ of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or 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. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- 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; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.5 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- 3.6 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.
- 3.7 The Committee met informally in March to consider proposed items for its work programme for 2021/22 and now needs to formally agree these items. In order to plan for the Committee's 13 May meeting, the Committee is asked to schedule the items for this meeting so that contributors can be contacted in good time. The remaining items can be scheduled appropriately following the meeting.
- 3.8 The current work programme for the municipal year 2020/21 is attached at Appendix 1 for information. The list of items to be formally agreed for scheduling for the work programme 2021/22 is attached at Appendix 2.

Quality Accounts 2020/21

- 3.9 Quality Accounts are reports about the quality of services offered by NHS care providers (including the independent sector) and are published annually.
- 3.10 The quality account should include:
- (i) what an organisation is doing well;
 - (ii) where improvements in service quality are required;
 - (iii) what an organisation's priorities for improvement are for the coming year;
 - (iv) what actions an organisation intends to take to secure these improvements; and
 - (v) how the organisation has involved people who use their services, staff and others with an interest in their organisation in determining their priorities for improvement.
- 3.11 It is a requirement that providers send their Quality Accounts to their local overview and scrutiny committee responsible for health scrutiny and that the relevant committee has an opportunity to comment, if it chooses to do so, on the Quality Account, with these comments to be included in the final document.
- 3.12 This Committee usually considers the Quality Accounts of the following providers:
- (i) Nottingham CityCare Partnership
 - (ii) Nottingham University Hospitals Trust
 - (iii) Nottinghamshire Healthcare Foundation Trust
 - (iv) EMAS
- 3.13 It is proposed that the Committee scrutinises these provider Quality Accounts 2020/21 by establishing small groups of three Committee members for discussion with each individual provider and to agree whether to provide a comment for inclusion in the Quality Account. The outcomes of these meetings will be reported formally to the full Committee.
- 3.14 Draft Quality Accounts will be available towards the end of April and are due to be submitted to the Department of Health and Social Care (DHSC) by 30 June, although the DHSC is considering whether this deadline should be extended
- 3.15 Meetings with representatives of provider trusts will, therefore, need to be arranged in late April/ early May with any comments formulated and submitted to the relevant trust following these (deadlines to be agreed).

4. List of attached information

- 4.1 Appendix 1 – Health Scrutiny Committee 2020/21 Work Programme
Appendix 2 – Items proposed for the Health Scrutiny Work Programme 2021/22

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

- 5.1 None

6. Published documents referred to in compiling this report

- 6.1 None

7. Wards affected

- 7.1 All

8. Contact information

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