Health and Adult Social Care Scrutiny Committee 12 October 2023

Work Programme

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To consider the Committee's work programme for 2023/24 based on areas of work identified by the Committee at previous committee meetings and any further suggestions raised at this meeting.

2 Action required

2.1 The Committee is asked to note the work that is currently planned for the remainder of the municipal year 2023/24 and make amendments to this programme as appropriate.

3 **Background information**

- 3.1 The Health and Adult Social Care Scrutiny Committee has been established to:
 - a) hold local decision-makers, including the Council's Executive for matters relating to adult social care and public health and commissioners and providers of local health services, to account for their decisions, actions, performance and management of risk
 - b) review existing policies and strategies of the Council and other local decision-makers where they impact on adult social care and/ or the health of Nottingham citizens
 - c) contribute to the development of new policies and strategies of the Council and other local decision makers where they impact on adult social care and/ or the health of Nottingham citizens
 - d) explore any matters relating to adult social care and/ or health affecting Nottingham and/or its citizens
 - e) make reports and recommendations to relevant local agencies with respect to the delivery of their functions, including the Council and its Executive and commissioners and providers of local health services
 - exercise the Council's statutory role in scrutinising health services for Nottingham City, in accordance with the NHS Act 2006, as amended and associated regulations and guidance
 - g) be part of the accountability of the whole health system and engage with commissioners and providers of health services and other relevant partners, such as the Care Quality Commission and Healthwatch.
 - h) review decisions made but not yet implemented by the Council's Executive in accordance with the Call-In Procedure.

- 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;
 - to require attendance at meetings from members and employees working in certain health bodies¹;
 - to make reports and recommendations to Integrated Care Boards, 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

¹ This applies to the Integrated Care Board; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

 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. This work programme must have a clear link to its roles and responsibilities and take into account the resources available to deliver it.
- 3.5 In setting a programme for scrutiny activity, the Committee should make sure that each item included on the programme has clear objectives and desired outcomes from its work that add value to the improvement of the Council. Once items have been identified, the scheduling of those items should be timely; sufficiently flexible so that issues which arise as the year progresses can be considered appropriately; and reflect the resources available to support the Committee's work. It is recommended that there is a maximum of two substantive items scheduled for each committee meeting.
- 3.6 The current work programme for the municipal year 2023/24 is attached. There is space for further items to be added to later meetings. This is because some potential issues require further scoping and consideration as to the appropriate timing once this has been done they will be proposed for scheduling accordingly and this also allows for flexibility to accommodate issues that arise as the year progresses.
- 3.7 At this meeting the Committee is asked to review its work programme and make amendments to this programme as appropriate.
- 4 List of attached information
- 4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2023/24
- 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 Nottingham City Council Constitution
- 7 Wards affected
- 7.1 All
- 8 Contact information
- 8.1 Jane Garrard, Senior Governance Officer <u>jane.garrard@nottinghamcity.gov.uk</u>