

**Hampshire County Council
Health Overview and Scrutiny Committee
Report on Progress Spring 2010 to Spring 2011**

Introduction from the Chairman

This report provides an update on the work of the Health Overview and Scrutiny Committee (HOSC) in 2010/11. I would like to thank Committee members and officers for their commitment and hard work during another busy year.

2010/11 has seen the continuation of the recession with increasing pressure on local government and the NHS to reduce costs. In addition, 2010/11 saw the publication of the NHS White Paper 2010 – Equality and excellence: Liberating the NHS. This Bill sets out the radical and profound intentions of the Coalition Government that promises abolition of Strategic Health Authorities from April 2012 and Primary Care Trusts from 2013. Most commissioning will become the responsibility of GP Commissioning Consortia and all NHS provider Trusts are expected to become or join with Foundation Trusts. In these very challenging and uncertain circumstances The HOSC has a particularly demanding remit - attempting to encourage through vigilance NHS organisations to maintain focus whilst recognising the human and organisational stresses in the health system.

I still continue to have informal meetings with the SHA, attend board meetings of NHS Hampshire and maintain active contact with other NHS organisations in the county. This engagement with the NHS is even more important in this unsettling time whilst building and

strengthening productive working relationships with health partners.

In addition to my role as Chairman of the Hampshire HOSC, I have also held the Chairmanship of the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Health Scrutiny Joint Committee and the South Central Health Overview and Scrutiny Committee network. However helpful as it has been to have had regular contact with neighbouring HOSCs, regrettably financial and time pressures have required that HOSCs will now only work together when occasioned by NHS issues that are of common concern and for which joint working would be more effective than for each HOSC to address them individually. The chairman for future meetings will be decided on as and when issues arise.

The Committee was saddened to hear of the passing away of Tom Smith, Chairman of the Hampshire LINK at the end of 2010. Tom had provided committed leadership and formerly with the Patient and Public Involvement Forum; he will be greatly missed. The LINK will continue to be represented at the HOSC meetings by the new Chairman, Frank Rust.

The Committee took the lead in a joint review with the Children and Young People Select Committee on the provision of therapy for children with learning disabilities. The Review Panel's recommendations were accepted in full by the NHS and Children's

Services; both the HOSC and the Select Committee continue to monitor progress towards meeting the objectives set. The HOSC also appointed a Panel to Review Falls and Falls Prevention among older people in Hampshire. This Review concluded in March 2011.

It has been encouraging to receive the commitment of the Director of Public Health to fully support the desired outcomes for these reviews respectively, through the Hampshire Joint Child Health Commissioning Board, and by taking an active role through Public Health in Falls Prevention.

Additionally, as Chairman of the Hampshire HOSC I was invited by the Independent Reconfiguration Panel to give evidence concerning the closure of the G5 End of Life and Palliative Care ward at Queen Alexandra Hospital. This issue had been considered as an item at the HOSC meeting in July 2011.

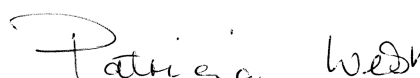
As ever, the Committee will be very alert to 'temporary' service and bed closures and the quality of engagement with the public in service planning and change.

The report sets out:

- Health Scrutiny in context (Section 1)
- The achievements of the Committee over the last year, including joint scrutiny arrangements (Section 2)
- The outline work programme for 2011/12 (Section 3)

Further details on the work of the Committee can be found on our website at:

<http://www3.hants.gov.uk/scrutiny/health-overview-and-scrutiny-committee.htm>



Cllr Pat West
Chairman, Health Overview and Scrutiny Committee

Section 1: Health Scrutiny in Context

Health Overview and Scrutiny is a statutory responsibility for local government. It is intended to ensure that decisions about health services are taken with due regard to the people affected. The legislative framework within which the Committee functions allows Members to consider any aspect of health that affects the population Hampshire. It also places very specific duties on the NHS with regard to consultation, information and responses to any recommendations made by the Committee.

The Committee is a statutory consultee on any substantial change being considered by the NHS and has the power to refer contested decisions about health services to the Secretary of State for Health or to Monitor in the case of Foundation Trusts. A summary of the main powers of the Committee, and the duties placed on the NHS, is attached at Appendix One.

Arrangements are in place to allow these powers to be delegated to allow for specific proposals affecting the health of local people to be considered by a joint committee or, in exceptional circumstances, by another scrutiny committee set up by local government.

As its role has evolved, the Committee has been mindful that it is not the only, or even the main form of engagement between the NHS and local government. Services are increasingly commissioned in partnership

across health and social care and this is likely to increase as new policy initiatives are implemented.

The Hampshire LINK and District Councils have each had a role to play in shaping the Committee's understanding of local issues, providing a rich source of intelligence about issues relating to health and health services. Similarly, the Committee needs to have a constructive working relationship with internal service providers, the Executive, the Cabinet and other scrutiny functions undertaken by local authorities and public agencies.

Local Involvement Networks (LINKs) are responsible for representing communities and providing opportunities for them to influence the development of the health and social care bodies that service their areas. LINKs have the right to visit some services, and make reports and recommendations to the Committee.

The last Annual Report outlined the responsibility that NHS Hampshire had for defining and commissioning healthcare from a complex array of NHS providers in Hampshire and beyond. Already new health arrangements and relationships are beginning to anticipate the future shape of health and social care provision as determined by the Coalition Government. Health is in a state of transition. GP commissioning consortia will become responsible for commissioning most health care for patients. A first wave of 'Pathfinder' GP Commissioning Consortia have been announced, two of which are in Hampshire, and

further consortia will continue to emerge as they begin to plan for their role when they take over from PCTs in 2013. In addition an NHS Commissioning Board will be established in 'shadow form' to start preparing for its role as a Special Health Authority in providing leadership on commissioning, ensuring the development of consortia and holding them to account for outcomes and financial performance as well as for directly commissioning certain services.

Each upper tier local authority will be expected to take the lead on Public Health, and with NHS Commissioners establish a Health and Wellbeing Board to ensure:

- Joined up commissioning by GP consortia and social care commissioning
- Oversight and assurance so that the Joint Strategic Needs Analysis (JSNA) is translated into a Joint Health and Wellbeing Strategy (JHWS)
- That GP Consortia and the local authority base their commissioning plans on the JHWS
- That GP Consortia execute their commissioning in accordance with their plans
- That there is increased local democratic legitimacy and that the interests of the public are represented.

All these new bodies arising out of the Governments NHS White Paper 2010 are expected to come into existence in shadow form in

April 2011 with the likelihood of HealthWatch replacing LINks later in the year. Local authorities will be able to commission their local HealthWatch to provide advocacy, advice and information to support people if they have a complaint. The organisation will be represented on the Health and Wellbeing Board, thus bringing insight gained from their work with complaints to the attention of the Board.

All NHS Trusts are expected to either become or merge with existing Foundation Trusts by the end of 2013/14.

The role and powers of local authority scrutiny of health are to be enhanced to provide effective local public accountability including new freedom and flexibility to determine how it is done locally.

The extent of change in how Health and Social Care is expected to function, and how organisations relate to each other, is enormous. In Hampshire these changes are beginning to take place. At this time the HOSC is able to provide a stable and constructive role through its steady focus on ensuring the public and patients are not disadvantaged by proposed changes to services.

Hampshire Community Health Care will be fully merged with Hampshire Partnership NHS Foundation Trust on 1 April 2011 and will be responsible for running community services. This will include community hospitals, community nursing and other services that generally allow people to receive health care in their communities. In

addition to providing mental healthcare.

All these changes have introduced an unprecedented level of uncertainty and potential risk. There has never been a time, therefore, when it has been more important for the Committee to maintain its strong network of working relationships. This means that to the fullest extent possible, the needs of local populations are taken into account in the development of health services in their areas. The central importance of local need in the development of health services has been a recurrent theme as the work programme has rolled forward and remains a central feature of the work of the Committee.

Emphasis has been focused on ensuring that the work programme is effectively targeted to enable the scrutiny process to be both credible and influential. The approach to health scrutiny adopted by the Committee therefore places emphasis on ways of working that are:

- Challenging but not confrontational
- Evidence based
- Able to improve service delivery

The role of the Committee in 'support and challenge' has been established, and relationships with NHS organisations have continued to develop positively. The Government drive to reduce costs in the system will continue to put additional pressure on local health services to find savings; the potential impact these may have on

local people makes it vital that the Committee maintains a constructive dialogue with these organisations and other partners.

The forward work programme of the Committee set out in Section 3 of this report takes account the work that the Committee **must** do, specifically:

- Respond to proposals to substantially vary NHS services in the area of the Committee
- Manage referrals from Hampshire LINK (and other partner organisations)

In addition, it identifies issues that may benefit from a more in-depth thematic review. To make the best use of the resources available to the Committee the following four criteria have been developed to guide Members when selecting topics for review:

- Capacity to influence and improve the service under consideration
- Timeliness and relevance to local health services
- Issues not under consideration elsewhere
- Issues not subject to other scrutiny or performance monitoring activities

The approach to health scrutiny adopted by the Committee and described in the following work strands is drawn from national guidance and discussions with partner organisations. A summary of the relevant sections of the

Guidance is included at Appendix Two.

The Work Programme of the Committee draws together four main work strands:

- *Relationships and Communication:* From its inception the Committee has been aware of the need to be able to work in partnership with other agencies when discharging its responsibilities in relation to health overview and scrutiny. Experience reinforces the importance attached by the Committee to ensuring that an extensive network of key contacts is built and maintained to support a challenging but constructive approach to health overview and scrutiny.
- *Proposals to vary or develop NHS services:* Any proposals for service change from the NHS should be discussed with the Committee at an early stage, in order to agree whether or not the proposal is considered substantial. In determining if a proposal is substantial, the Committee considers the impact of the change on patients, carers, and the public who use, or have the potential to use a service.
- *Reviews of Health Services:* This strand of work was identified by the Committee to provide thematic cross boundary reviews of health services. These consider specific areas or services that are of interest or concern to the Committee and identify opportunities for improvement.

- *Health Inquiries:* The 'health inquiries' work strand was designed to provide the Committee and partner organisations with a route through which issues could be raised and acted on outside the review process. This mechanism allows the Committee to maximise opportunities to influence and improve health services without recourse to a full review as well as providing a means by which developments in health can be drawn to the attention of the Committee.

Section 2: The Achievements of the Health Overview and Scrutiny Committee in 2010/11

The Committee continues to provide an active and constructive influence in the planning and delivery of health services for the people of Hampshire. The Committee maintains its commitment to taking an independent, impartial approach to considering evidence and ensuring that the views of all relevant stakeholders are taken into account. For example, the HOSC has been able to recommend the creation of Member-led local panels to help monitor and resolve proposed 'temporary' bed closures in community hospitals. Providing a context in which local stakeholders can engage with NHS managers in open and constructive communication led by a local Member provided with HOSC advice and support; this has proven to be very effective.

Relationships and Communication

Constructive and open relationships with NHS and other partner organisations are essential to the ongoing work of the Committee and to maintaining trust. The continuing period of increased financial challenge has focused NHS organisations on reconsidering previous plans and aspirations, whilst at the same time the ability of commissioning organisations in particular to engage in medium to long term planning is severely restricted by their limited lifespan. Provider organisations are either undergoing reorganisation or are working towards the Government's aspiration for them to become Foundation Trusts. Good communication between the HOSC and NHS Trusts in Hampshire and the wider South Central area is well established, and is particularly important when organisations are stretched by continuing financial pressures and organisational change.

Members receive presentations and reports at HOSC meetings that keeps the Committee well informed about health issues and plans that affect the people of Hampshire.

The HOSC values and continues to build on its working relationships with district councils, four of which are represented on the Committee as Co-opted Members nominated from the districts via The Hampshire and Isle of Wight Local Government Association.

The Hampshire LINK and the Chairmen of the Portsmouth, Southampton and Isle of Wight

HOSCs have standing invitations as formal observers at HOSC meetings which further strengthens communication, and the ability of each to be more effective.

Referrals from stakeholders, continue to play an important role in informing the Committee of emerging issues. This feedback is an important element in confirming that NHS bodies have engaged properly with patients and relatives or carers when considering service change.

In the context of emerging 'shadow' GP Commissioning Consortia, the NHS Commissioning Board and Health and Wellbeing Boards all of which will begin to explore their new roles from April 2011, the development of effective working relationships with an increasingly wide range of stakeholders will continue to be essential for the Committee.

Proposals to Develop or Vary NHS Services

Proposals to develop or vary NHS services have continued to come to the HOSC throughout the year. Members can be alerted to forthcoming proposals to change health service provision. All proposals for varying NHS services are considered by the Committee and any associated reports or comments are included with agenda papers to ensure members are properly informed about proposals to change health service provision.

Responses to consultations and other ***proposals to develop or vary*** services since April 2010, have included:

Hampshire PCT / NHS

Hampshire:

- Proposals to cease development of Oak Park Hospital, Havant
- Proposal to develop integrated sexual health services for Hampshire
- Southeast Hampshire sustainability review (joint scrutiny arrangements)

Hampshire Partnership NHS

Foundation Trust:

- Proposals to modernise adult mental health rehabilitation and psychiatric intensive care
- Proposal to consult on Older People's Mental Health Services in South Hampshire

South Central Strategic Health Authority:

- Proposal to add fluoride to drinking water in Southampton and Southwest Hampshire

Winchester and Eastleigh

Healthcare Trust:

- The future of services at Winchester and Eastleigh Healthcare NHS Trust
- Temporary closure of Andover birth unit

National Consultations:

- NHS White Paper – Equity and Excellence: Liberating the NHS
- Liberating the NHS: legislative framework and next steps

Health Inquiries

NHS Hampshire / Hampshire

PCT:

- NHS draft operating plans for 2010/11 and update on future organisational form of Hampshire Community Health Care
- Access to services for people who are homeless
- Hythe Hospital – decision to halt inpatient admissions
- Appointment of Review Panel to monitor Hythe Hospital developments
- Fordingbridge Hospital – temporary closure
- Odiham Cottage Hospital – proposed cessation of nursing services
- NHS review of services provided at community hospitals in East Hampshire
- NHS Hampshire: delivering the 5 year strategy including projected sustainability plan for SE Hampshire
- Oak Park Development of services
- With HCC Adult Services – refresh of End of Life Care Strategy
- Unscheduled Care (SHIP area)
- GP branch surgery: proposed closure
- GP Commissioning Consortia

Hampshire Partnership NHS

Foundation Trust:

- Integration of Hampshire Community Health Care with Hampshire Partnership NHS Foundation Trust

Southampton University Hospital NHS Trust:

- Paediatric rheumatology services

Winchester and Eastleigh Healthcare Trust:

- Andover birth centre

Portsmouth Hospitals NHS Trust:

- Birth centres at Petersfield and Gosport
- Community Stroke Unit
- Closure of G5 ward at Queen Alexandra Hospital
- Car parking charges

South Central Ambulance Service NHS Trust:

- Ambulance provision in rural areas

Independent Reconfiguration Panel (IRP):

- HOSC Chairman invited to give evidence to the IRP concerning the G5 End of Life / Palliative Care Ward at Queen Alexandra Hospital

Reviews of Health Services

Fluoridation: The Committee continues to have an interest in this review which concluded in late 2008. The report consulted a wide body of literature, coming to the conclusion that available evidence indicated the possibility of adverse health associated with the addition of fluoride to drinking water, whilst health benefits may have been overstated.

The Strategic Health Authority did not consider the findings of the review, however the SHA's

decision to add fluoride has now been challenged. The Full Council unanimously agreed with the Review's recommendation to oppose the proposal to add fluoride.

The legal process has finally resulted in support for the SHA decision. This has been confirmed in writing to the HOSC and the SHA has reiterated its intention to implement the decision later in 2011.

Therapy services for disabled children: The HOSC and the Children and Young People Select Committee agreed in July 2009 to setup a Joint Review Panel to review therapy provision for children with special educational needs. The HOSC took the lead, and the previous HOSC Chairman also chaired the Panel.

The NHS and Children's Services accepted in full the recommendations of the Joint Review Panel, and both Committees are monitoring progress in moving this issue forward. The work is being taken forward by the Hampshire Joint Child Health Commissioning Board.

Falls and Falls Prevention in the Older Population: The HOSC undertook a review of falls in the older population following an assertion that falls accounted for significant demand on the ambulance service.

The Review Panel concluded that whilst there were pockets of innovation and good practice in Hampshire, there was little evidence of an overall integrated strategy for falls and falls

prevention of sufficient detail to provide a framework for an action plan.

It also concluded that considerable improvement was required in the production and communication of good reliable data about falls demand and the costs and cost effectiveness of services. Recommendations have been made to the NHS to address these key issues for management of demand and improvement of falls prevention services.

The Director of Public Health has committed to both the HOSC and the Children and Young People Select Committee to fully support delivery against the recommendations of the Review Panel for Therapy Provision for Children with Special Educational Needs through the Hampshire Joint Child Health Commissioning Board. In addition she has also committed to delivering against the Falls Review recommendations in support of falls prevention.

Joint Committees

Regular Joint Health Overview and Scrutiny Committees have been held where NHS organisations characteristically provide services to more than one HOSC area such as the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) area. These standing joint committees considered issues of common interest. However due to financial and resource pressures it has now been decided to hold joint meetings as or when common concerns warrant them.

Hampshire, Southampton, Portsmouth and Isle of Wight Health Scrutiny Joint Committee

has been a permanent committee but over the last year due to shared interests with other HOSCs in South Central, SHIP business was included within South Central meetings. The following issues include those considered in both the Joint Health Scrutiny meeting for SHIP and the South Central Health Overview and Scrutiny network meetings:

- Unscheduled Care: proposed strategy for a remodelled system for the SHIP area
- Future plans for the new provider arm, Solent Healthcare, formed from the merger of services provided originally by Portsmouth and Southampton PCTs
- The refreshed framework for assessing substantial change agreed by SHIP HOSCs
- Major Trauma Network Project
- The changing and final responsibilities of the Strategic Health Authority
- Update following the review of rural performance of the South Central Ambulance Service
- Update from Specialist Commissioning on paediatric cardiac surgery
- Future of South Central HOSC regional meetings
- Transitional arrangements following the launch of the Health White Paper consultation

- Development of GP Commissioning Consortia

Section 3: Outline Work Programme for 2010/11

Building on feedback from partner organisations, the Hampshire LINK and Members, the HOSC will continue to use the four work strands identified to form the work programme for the coming year.

Relationships and Communication

The Committee will continue to engage actively with partner organisations across Hampshire, and in one-to-one meetings as appropriate.

The Committee will build on its relationship with the Local Involvement Network, taking into account transitional arrangements for its successor organisation HealthWatch, and other partners who are in a position to comment on health provision and the effectiveness of joint health and social care arrangements.

Proposals to vary or develop NHS services

At the HOSC's November 2010 meeting, Members were provided with a revision of the Framework for Assessing Substantial Service Change. This framework used in the Southampton, Hampshire, Isle of Wight and Portsmouth area (SHIP) has proved equally valuable to NHS organisations and to HOSCs in clarifying when proposed changes to services can be considered substantial. This

revised framework incorporates the four new tests set out in a letter from Sir David Nicholson, Chief Executive of the NHS in July 2010 and which must be met before there can be any changes to NHS services. These were to test that:

- the change is supported by local GPs commissioners;
- the plans are based on sound clinical evidence to improve outcomes for patients;
- there is strengthened public and clinical engagement on any proposals;
- consideration has been given to patients being offered choices of where to be treated.

Committees have already begun to use the revised Framework for Assessing Service Change which is attached at Appendix Three.

The Committee will also continue to be informed by proposed changes by NHS bodies to vary or change services and will respond within agreed timescales.

Reviews of Health Services

The Committee will continue to take an active interest in progress against previous HOSC Reviews.

The Committee is monitoring progress against recommendations in the Joint Review of Therapy Services for Children with SENs and the Review of Falls and Falls Prevention in the Older Population in Hampshire. In addition, the Committee is actively engaged in an in-depth review of proposals for substantial changes by the national

specialist commissioners for children's cardiac surgery.

Health Inquiries

The Committee will continue to receive information on, and initiate action in response to, issues raised by Members and partners.

Particular issues for further consideration and action during 2011/12 may include:

- The development of GP pathfinder Commissioning Consortia and the transition of commissioning responsibilities
- Transition arrangements in relation to the handover of roles and responsibilities from the SHA to other NHS bodies.
- Developments in relation to the emerging Health and Wellbeing Board(s)
- The developing role of the NHS Commissioning Board
- Transitions of NHS Trusts to become Foundation Trusts
- Continuing impact of financial pressures and changing service models on sustainability in the NHS

**Hampshire County Council
Health Overview and Scrutiny Committee
Summary of the Responsibilities of Local Authority and NHS Bodies
(National Health Service Act 2006 – Part 12 Sections 242 and 244 refer)**

Powers of local authority overview and scrutiny committees

Overview and scrutiny committees may:

- Review and scrutinise any matter relating to the planning, provision and operation of health services in the area of the committee's local authority;
- Make reports and recommendations to local NHS bodies and to its local authority on any matter reviewed or scrutinised using the overview and scrutiny of health power;
- Require the attendance of an officer of a local NHS body to answer questions and provide explanation about the planning, provision and operation of health services in the area of the committee's local authority;
- Require a local NHS body to provide information about the planning, provision and operation of health services in the area of the committee's local authority, subject to exemptions outlined the Health and Social Care Act 2001/National Health Service Act 2006;
- Establish joint committees with other local authorities to undertake overview and scrutiny of health services;
- Delegate functions of overview and scrutiny of health to another local authority committee;
- Co-opt Members of the overview and scrutiny committees of district councils onto the committee as full Members (County Council committees only)
- Be able to report to the Secretary of State for Health:
 - Where the committee is concerned that consultation on substantial variation or development of services has been inadequate;
 - Where the committee considers that the proposal is not in the interests of the health service.

Duties of local NHS bodies

NHS bodies must:

- Provide information requested by the overview and scrutiny committee subject to exemptions;
- Attend before committees to answer questions, subject to exemptions;
- On request, respond to reports and recommendations within 28 days of the request of the committee;
- Consult the local overview and scrutiny committee (including joint committees) on matters of substantial development or variation to services, (in addition to the duty under section 242 of the National Health Service Act 2006 to involve and consult patients and the public).

Hampshire County Council
Health Overview and Scrutiny Committee
Summary of Key Expectations in the Department of Health *Overview and Scrutiny of Health - Guidance*

In the Annual Report, useful information is provided about the responsibilities of Members of HOSCs. The Annual Report also notes that interaction between the NHS and its local authority and other partners happens at different levels and in different ways. Local experience and intelligence about how the often complex arrangements work for patients, can come from key statutory partners or independent partners such as LINKs.

The busyness and complexity of the NHS, new national initiatives, and local patient experience can sometimes distract from reflection on the fundamental expectations of Government of the Health Overview and Scrutiny role. Some of these expectations are noted below as a reminder as to why the Committee places importance on:

- Relationship building
- Processes for effective scrutiny
- Strategic scrutiny
- Operational scrutiny

Relationship building

In the Department of Health's, *Overview and Scrutiny of Health – Guidance*, it was clearly indicated that they expected Health Overview and Scrutiny Committees to work in a challenging, complex environment; *“The Government’s intention is that the focus of health scrutiny is on health improvement, bringing together the responsibilities of local authorities to promote social, environmental and economic well-being and the power to scrutinise local services provided and commissioned by the NHS”*. One of the key requirements of the Committee must be to establish and build a network of positive working relationships that will make it possible to achieve the broad aim of ***‘health improvement’*** as indicated in the Guidance. It is for this reason that the Annual Report explicitly comments on ‘relationship building’ as a key area of the Committee’s work.

Processes for effective scrutiny

The Guidance implies its concern that HOSCs should have effective processes for scrutinising issues that are brought to it, for example, it says, *“...if the process (of scrutiny) is aggressive, or relies on opinion rather than evidence, it is unlikely to lead to positive or sustainable improvement.”* It also emphasises that scrutiny must be based on firm

foundations, *“Members of scrutiny committees need to take a constructive but challenging approach to the role, bringing together evidence and people’s experience to identify priority issues and drive forward improvement.”* The Annual Reports makes clear that establishing and building effective processes for the scrutiny function is another key responsibility of the Committee.

Strategic scrutiny

The Guidance document is helpful in explaining the scope of health scrutiny when it says, *“The powers of overview and scrutiny of the NHS enable committees to review any matter relating to the planning, provision and operation of health services in the area of its local authority. It is recommended that best use of these powers will depend on committees scrutinising a health issue, system or economy, not just services provided...”*. The wider context of local service delivery is therefore of significant interest. Examples of this aspect of the Committee’s work are to be found in its raising questions about national funding, or in its Hampshire-wide reviews of health issues.

Operational scrutiny

The Government Guidance also gives due weight to Health Scrutiny’s role with respect to local service delivery, *“Committees are best placed to concentrate on ensuring that health services address the needs of local communities and that local health and health-related issues are being tackled jointly across local agencies.”* The sections on *Proposals to vary or develop NHS Services*, and *Health Inquiries* in the Annual Report contain examples of this aspect of the Committee’s work.

Implicit in the Guidance is the expectation that because, *“...the focus of health scrutiny is on health improvement”*, the remit will inevitably include those areas, sometimes associated with ‘wellbeing’ that can be determinants of health, *“...the solutions to matters that are scrutinised, may therefore be the responsibility of a number of stakeholders. In this light the power to scrutinise health services should be seen and used in the wider context of the local authority role of community leadership and of other initiatives to promote and facilitate improvement.”*

Appendix Three

Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision.

Purpose and Summary

- 1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Authority areas.
- 2) It describes the actions and approach expected of both the NHS and Local Authority Health Overview and Scrutiny Committees (HOSCs) when proposals that may constitute substantial service change are being developed and outlines the principles that will underpin the discharge of each parties' role and responsibilities.
- 3) The document refreshes the 'Framework for Assessing Substantial Service Change' originally developed with advice from the Independent Reconfiguration Panel (IRP) and updates the guidance relating to the key issues to be addressed by the NHS when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.
- 4) The legal duties placed on the NHS and the role of the HOSCs are included to provide a context to the dialogue that needs to be taking place between NHS organisations and the relevant HOSC(s) to establish if a proposal is substantial in nature.
- 5) It is intended that these arrangements will support:
 - Improved communications across all parties
 - Better co-ordination of engagement and consultation with service users carers and the public
 - Greater confidence in the planning to service change to secure improved outcomes for health services provided to communities across Southampton, Hampshire, the Isle of Wight and Portsmouth.

Background legislation

- 6) Section 242 of the NHS Act 2006 (formerly Section 11 of the Health and Social care Act 2001) places a statutory duty on commissioners and providers of NHS services to engage and involve the public and service users in :

- Planning the provision of services
 - The development and consideration of proposals to change the provision of those services
 - Decisions affecting the operation of services.
- 7) This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.
- 8) Section 244 of the NHS Act 2006 (formerly Section 7 of the Health and Social Care Act 2001) places a statutory duty on commissioners and providers of NHS services to consult Local Authority HOSCs on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.
- 9) Significant development and substantial variation are not defined in the legislation but supporting guidance is clear that the NHS body responsible for the proposal should initiate early dialogue with the HOSC(s) affected by the proposal to determine:
- a) If the HOSC(s) consider that the change constitutes a significant development or substantial variation in service
 - b) The timing and content of the consultation process.
- 10) Where it is agreed that the proposal does constitute a substantial change the response of the HOSC(s) to the subsequent consultation process will be shaped by the following considerations:
- a) Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service. This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
 - b) The extent to which GP commissioners have informed and support the change
 - c) The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
 - d) How the proposed service change affects choice for patients, particularly with regard to quality and service improvement
- 11) NHS organisations will also wish to invite feedback and comment from the relevant Local Involvement Networks (LINKs) which were established by legislation to facilitate the involvement of people using health and social care services in their area. The LINK has specific legal powers, including

the ability to refer issues of concern to the HOPSC(s) and to enter and inspect health and social care premises. Locally good working relationships exist with LINKs and HOSCs will normally expect evidence of their contribution to any proposals for varying health services from the NHS.

- 12) The framework attached at Appendix One identifies a range of issues that may inform both the discussion about the nature of the change and the response of the HOSC to the consultation process. The intention is that this provides a simple prompt for assessing proposals, explaining the reasons for the change and understanding the impact this will have on those using, or likely to use, the service in question.
- 13) The framework is not a 'blueprint' that all proposals for changing services from the NHS are expected to comply with. The diversity of the health economy across the SHIP area and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned. It is designed for use independently by the NHS in the early stages of developing a proposal, or provide a basis for discussion with HOSCs regarding the scope and timing of any formal consultation required.
- 14) The development of the framework has taken into account the additional key tests for service reconfiguration set out by Sir David Nicholson in July 2010 and included in the revised operating framework for 2010-11.
- 15) Although it remains good practice to follow Cabinet Office Guidance in relation to the content and conduct of formal consultation HOSCs are able to exercise some discretion in the discharge of this duty. Early discussions with the HOSCs(s) whose populations are affected by a proposal are essential if this flexibility is to be used to benefit local people.
- 16) Any request to reduce the length of formal consultation with the HOSC(s) will need to be underpinned by robust evidence that the NHS body responsible for the proposal has engaged, or intends to engage local people in accordance with Section 242 requirements. These require the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:
 - a) Not just when a major change is proposed, but in the on-going planning of services
 - b) Not just when considering a proposal, but in the development of that proposal, and
 - c) In decisions that may affect the operation of services

- 17) All proposals shared with HOSCs by the NHS – regardless of whether or not they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.
- 18) Individual HOSCs will come to their own view about the nature of change proposed by the NHS. Where a proposal is judged to be substantial and affects service users across HOSC boundaries the HOSCs concerned are required to make arrangements to work together to consider the matter.
- 19) Although each issue will need to be considered on its merits the following information will help shape the views of the HOSC(s) regarding the proposal:
- a) The case of need and evidence base underpinning the change. This may include the health needs of local people (including public health equity audits as appropriate) and clinical best practice or guidance.
 - b) The extent to which service users, the public and other key stakeholders including GP commissioners have contributed to developing the proposal. Regard must be given to the involvement of 'hard to reach groups' where this is appropriate, including the need for any impact assessment for vulnerable groups.
 - c) The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.
 - d) The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
- 20) This information will enable the HOSC(s) to come to a view about whether the proposal is substantial, and if so, whether the proposal is in the interest of the service users affected.
- 21) The absence of this information is likely to result in the proposal being referred back to the responsible NHS Board for further action.
- 22) If NHS organisations consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the HOSC(s) affected should be advised immediately and the reasons for this action provided. It should be clear when the service(s) affected will reopen.

23) If the HOSC(s) affected by a proposal are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:

- Valid and robust evidence to support the HOSC(s) position
- Confirmation of the steps taken to secure local resolution of the matter.

Guiding Principles

24) The four HOSCs in Southampton, Hampshire, the Isle of Wight and Portsmouth have worked closely to build effective working relationships and share good practice.

25) HOSCs will need to be able to respond to requests from the NHS to discuss proposals that may be significant developments or substantial variations in services. Generally in coming to a view the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.

26) Early discussions with HOSCs regarding potential for significant service change will assist with timetabling by the NHS and avoid delays in considering a proposal. Specific information about the steps (whether already taken or planned) in response to the legislation and the 4 tests outlined by Sir David Nicholson will support discussions about additional information or action required.

27) Some service reconfiguration will be controversial and it will be important that HOSC members are able to put aside personal or political considerations in order to ensure that for the scrutiny process is credible and influential. When scrutinising a matter the approach adopted by the HOSCs will be:

- a) Challenging but not confrontational
- b) Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
- c) Based on evidence and not opinion or anecdote
- d) Focused on the improvements to be achieved in delivering services to the population affected
- e) Consistent and proportionate to the issue to be addressed

- 28) It is acknowledged that the scale of organisational change currently being experienced in the NHS coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and the HOSC(s) may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS Boards. In these circumstances it is expected that the responsible NHS Board will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.
- 29) If the HOSC(s) is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.
- 30) All parties will agree how information is to be shared and communicated to the public as part of the conduct of the scrutiny exercise.

Assessment Framework – Appendix One

Key questions to be addressed

Each of the points outlined above have been developed below to provide a checklist of questions that may need to be considered. This is not meant to be exhaustive and may not be relevant to all proposals for changing services

The assessment process suggested requires that the health body responsible for taking the proposal forward co-ordinates consultation and involvement activities with key stakeholders such as service users and carers, the relevant Patient and Public Involvement Forums, District Councils and other service providers affected by the proposal. The relevant HOSCs also need to be alerted at the formative stages of development of the proposal. The questions posed by the framework will assist the NHS and HOSCs in determining if a proposal is substantial, identify any additional action to be taken to support the case of need and agree the consultation process.

Name of Responsible (lead) NHS Body:

Brief Description of the Proposal:

Description of Population affected:

Confirmation of Health Overview and Scrutiny Committees contacted:

Name of Key stakeholders supporting the Proposal:

Date:

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
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Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>Case for Change</p> <p>1) Is there clarity about the need for change (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)</p> <p>2) Has the impact of the change on service users, their carers and the public been assessed?</p> <p>3) Have local health needs and/or impact assessments been undertaken</p> <p>4) Do these take account of :</p> <p style="padding-left: 20px;">a) Demographic considerations</p> <p style="padding-left: 20px;">b) Changes in morbidity or incidence of a particular condition</p> <p style="padding-left: 20px;">c) Impact on vulnerable people</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>and health equality considerations</p> <p>d) Potential reductions in care needs (e.g. falling birth rates)</p> <p>e) Comparative performance across other health providers</p> <p>5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience?</p> <p>6) Do the clinicians affected support the proposal</p> <p>7) Is any aspect of the proposal contested by the clinicians affected</p> <p>8) Is the proposal supported by GP commissioners</p> <p>9) Will the proposal extend choice to the population affected?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>Impact on Service Users</p> <p>10) Will there be changes in access to services as a result of the changes proposed.</p> <p>11) Can these be defined in terms of</p> <ul style="list-style-type: none"> a) waiting times b) transport (public and private) c) travel time d) other (please define) <p>12) Is any aspect of the proposal contested by people using the service?</p> <p>Engagement and Involvement</p> <p>13) How have key stakeholders been</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>involved in the development of the proposal</p> <p>14) Is there demonstrable evidence regarding the involvement of</p> <ul style="list-style-type: none"> a) Service users, their carers or families b) Other service providers in the area affected c) The relevant Local Involvement Network (s) d) Staff affected e) Other interested parties (please define) <p>15) Is the proposal supported by the key stakeholders</p> <p>16) Is there any aspect of the proposal</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>that is contested by the key stakeholders? If so what action has been taken to resolve this</p> <p>Options for change</p> <p>17)How have service users and key stakeholders informed the options identified to deliver the intended change</p> <p>18)Were the risks and benefits of the options assessed when developing the proposal</p> <p>19)Have changes in technology, including new drugs been taken into account</p> <p>20)Has the impact of the proposal on other service providers been evaluated</p> <p>21)Has the impact on the wider</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>community affected been evaluated (e.g. transport, housing, environment)</p> <p>22) Have the workforce implications associated with the proposal been assessed</p> <p>23) Have the financial implications of the change been assessed in terms of:</p> <ul style="list-style-type: none"> a) Capital & Revenue b) Sustainability c) Risks <p>24) How will the change improve the health and well being of the population affected?</p>		