

**SCRUTINY BOARD (HEALTH AND WELLBEING AND ADULT SOCIAL CARE)  
HEALTH SERVICE DEVELOPMENTS WORKING GROUP**

**TERMS OF REFERENCE**

**1.0 Background**

1.1 The Health and Social Care Act (2012) reinforced the duty of NHS Commissioners and Service Providers to make arrangements to involve and consult patients and the public in:

- Planning service provision;
- The development of proposals for changes; and,
- Decisions about changes to the operation of services.

1.2 The requirement to consult on service changes and/or developments, also includes a duty to consult local authorities (through the health overview and scrutiny function) where any proposal is under consideration for:

- a substantial (major) development of the health service; or,
- a substantial (major) variation in the provision of such a service in the local authorities area.

1.3 Leeds City Council currently discharges its health overview and scrutiny function through the Scrutiny Board (Health and Wellbeing and Adult Social Care).

**2.0 Scope**

2.1 The levels of service variation and/or development are not specifically defined in legislation and it is widely acknowledged the term 'substantial variation or development of health services' is subjective, with proposals often open to interpretation.

2.2 To help achieve some degree of consistency, the Centre for Public Scrutiny (CfPS) published a scrutiny guide, *Major Variations and Developments of Health Services*<sup>1</sup>. Based on this guidance, and through discussions with local NHS partners, locally developed definitions and stages of have been agreed. These are detailed in Annex A and summarised in Table 1 (below).

**Table 1: Summary of levels of change**

Degree of variation	Colour code	Contact with Scrutiny
<b>Category 4</b> –substantial variation (e.g. introduction of a new service)	<b>Red</b>	<b>Consult</b>
<b>Category 3</b> – significant change (e.g. changing provider of existing services)	<b>Orange</b>	<b>Engage</b>
<b>Category 2</b> – minor change (e.g. change of location within same hospital site)	<b>Yellow</b>	<b>Inform</b>
<b>Category 1</b> – ongoing improvement (e.g. proposals to extend or reduce opening hours)	<b>Green</b>	<b>No</b>

<sup>1</sup> Published in December 2005 and available from the publications section of the CfPS website: <http://www.cfps.org.uk/>

2.3 The overall purpose of the working group is to provide an environment that allows local NHS commissioners and service providers to have an on-going dialogue with the Scrutiny Board, regarding proposed developments and changes to local health services and associated progress.

2.4 The role of the working group can be summarised as follows:

- To consider, at an early stage, any future proposals for new service changes and/or developments of local health services.
- To consider and agree the proposed level of change, including the proposed level of public engagement and involvement, for new service changes and/or developments of local health services.
- To determine whether or not relevant plans for public engagement and involvement are appropriate and appear satisfactory<sup>2</sup> for new service changes and/or developments of local health services.
- To consider whether or not any proposals for substantial changes/developments are in the interests of the local health service.
- To maintain an overview of progress associated with ongoing service change proposals and associated public engagement and involvement activity, including details of any stakeholder feedback and how this is being used to further develop the proposals.
- To review the implementation of any agreed service change and/or development, including any subsequent service user feedback.
- To refer any matters of significant concern to the full Scrutiny Board (Health and Wellbeing and Adult Social Care), for further consideration.

2.5 It should be recognised that the statutory duty to consider any substantial service changes or developments remains the responsibility of the Scrutiny Board (Health and Wellbeing and Adult Social Care). As such, any substantial service changes and/or developments identified (i.e. category 4) will automatically be referred to the Scrutiny Board (Health and Wellbeing and Adult Social Care) for consideration.

2.6 Where a substantial service change and/or development is identified, the view of the working group will usefully inform the deliberation of the Scrutiny Board (Health and Wellbeing and Adult Social Care) when considering such matters.

### **3.0 Frequency of meetings**

3.1 It is proposed that the working group will meet on a regular bi-monthly basis.

3.2 However, due to the nature of the work and the potential timing of proposed service changes and/or developments, it is recognised that the working group will adopt a flexible approach and additional meetings may be arranged as necessary.

3.3 It should also be recognised that the purpose of meeting on a bi-monthly basis is not only to ensure the early engagement of members of the Scrutiny Board with regard to emerging service changes and/or developments, but to ensure the continued involvement in relation to ongoing developments, alongside matters following implementation.

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<sup>2</sup> This early engagement with Scrutiny will allow the working group to discuss and agree the proposed degree of variation, prior to the commencement of any patient and public engagement and involvement activity

## **4.0 Membership**

- 4.1 The membership of the working group will be drawn from the membership of the Scrutiny Board (Health and Wellbeing and Adult Social Care).
- 4.2 The quorum of any working group meetings will be the Chair (or the Chair's nominee) plus a minimum of three other members from the Scrutiny Board (Health and Wellbeing and Adult Social Care). There will be a minimum of two political groups represented at any working group meeting.

## **5.0 Key stakeholders**

- 5.1 The following key stakeholders have been identified as likely contributors to the working group:
- Leeds North Clinical Commissioning Group
  - Leeds South and East Clinical Commissioning Group
  - Leeds West Clinical Commissioning Group
  - NHS England (West Yorkshire Area Team)
  - NHS England (South Yorkshire and Bassetlaw Area Team)
  - West and South Yorkshire and Bassetlaw Commissioning Support Unit
  - Leeds Teaching Hospitals NHS Trust (LTHT)
  - Leeds and York Partnership NHS Foundation Trust (LYPFT)
  - Leeds Community Healthcare NHS Trust (LCH)
  - Director of Adult Social Services (or nominee)
  - Director of Public Health (or nominee)

## **6.0 Monitoring arrangements**

- 6.1 The Scrutiny Board (Health and Wellbeing and Adult Social Care) will be kept fully apprised of the activity of the working group, with regular updates, reports and minutes provided as appropriate.

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Definitions of reconfiguration proposals and stages of engagement/consultation				
Definition & examples of potential proposals	Stages of involvement, engagement, consultation			
	Informal Involvement	Engagement		Formal consultation
<p><b>Substantial (major) variation or development</b> Substantial service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service.</p>				<p><b>Category 4</b> Formal consultation required (minimum twelve weeks) <b>(RED)</b></p>
<p><b>Significant variation or development</b> Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people</p>			<p><b>Category 3</b> Formal mechanisms established to ensure that patients/service users/ carers and the <u>public</u> are engaged in planning and decision making <b>(ORANGE)</b></p>	<p>Information &amp; evidence base</p>
<p><b>Minor change</b> Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries</p>		<p><b>Category 2</b> More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought <b>(YELLOW)</b></p>	<p>Information &amp; evidence base</p>	
<p><b>Ongoing development</b> Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>	<p><b>Category 1</b> Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions <b>(GREEN)</b></p>	<p>Information &amp; evidence base</p>		

↑ OSC involved  
 ↓ OSC may be involved

Note: based on guidance within the Centre for Public Scrutiny *Major variations and developments of health services, a guide*