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## Report of the Head of Scrutiny and Member Development

Scrutiny Board: Scrutiny Board (Health)

Date: 25 June 2010

Subject: Determining the Work Programme 2010/11

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### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Purpose of Report

1.1 The purpose of this report is to help the Scrutiny Board determine its priorities and work programme for 2010/11.

## 2.0 Introduction

2.1 Through a number of the previous agenda items, the Scrutiny Board has been provided with a range of information and inputs from key stakeholders that should help identify the Board's priorities and develop its work programme for 2009/10.

### Health Scrutiny Protocol

2.2 In order to successfully deliver the Scrutiny Board's work programme, the relationship between the Board and the NHS bodies across the City is key. To help maintain this relationship it is essential that guidance exists to help provide a common understanding on how Health Scrutiny should operate locally and provide a framework for the scope and style of Scrutiny in the City. Such guidance will help to ensure that scrutiny remains a positive and challenging process for all parties concerned.

2.3 In this regard, shortly after the health scrutiny duty became a requirement, a protocol was developed and agreed by the appropriate Scrutiny Board in April 2003. In 2009, the Scrutiny Board (Health) agreed a revised protocol – reflecting a number of national and local developments. The protocol is attached at Appendix 1 for information.

2.4 While the fundamentals for health scrutiny currently remain unchanged, as part of its report on Renal Services in Leeds, the previous Scrutiny Board (Health)

recommended a review of the protocol to ensure it was fit for purpose. This review is currently being undertaken and will be reported to the Board in due course – seeking endorsement of any proposed changes.

### Changes and/or development of local health services

- 2.5 Current legislation places a duty local NHS bodies 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.
- 2.6 The requirement to consult on service changes and/or developments, includes a duty to consult the Scrutiny Board (Health) where the NHS body is considering any proposals relating to substantial changes and/or development of local health services.
- 2.7 In recent years, to help the Scrutiny Board maintain a focus on changes and/or developments of local health services, while maintaining the Board's capacity to undertake detailed inquiries, the Scrutiny Board has established a Working Group to:
- Consider, at an early stage, proposals for service changes and/or developments of local health services, including:
    - Whether or not the relevant Trust's plans for patient and public engagement and involvement seem satisfactory<sup>1</sup>; and,
    - Whether the proposal is in the interests of the local health service.
  - Consider the significance of any proposed service changes and/or developments, alongside the associated levels of patient and public engagement and involvement.
  - Maintain on overview and on-going involvement in current service change proposals and associated patient and public engagement and involvement activity, including details of any stakeholder feedback and how this is being used to shape the proposals.
  - Refer any matters of significant concern to the Scrutiny Board (Health) for detailed and specific consideration.
- 2.8 Within these arrangements it has always been recognised that the statutory duty to consider substantial changes and/ or development of local health services remains the direct responsibility of the Scrutiny Board (Health) and not the Working Group.
- 2.9 As such, and in line with practice from previous years, revised draft terms of reference for the Working Group is attached at Appendix 2 for the Board's consideration.
- 2.10 In previous years, categories used to identify the significance of any proposed service changes and/or developments have been summarized as follows:
- **Category 4** – substantial variation (e.g. introduction of a new service)
  - **Category 3** – significant change (e.g. changing provider of existing services)
  - **Category 2** – minor change (e.g. change of location within same hospital site)

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<sup>1</sup> This early engagement with Scrutiny will help 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.

- **Category 1** – ongoing improvement (e.g. proposals to extend or reduce opening hours)

- 2.11 However, recent experience has shown that the terms used to describe category 4 and 3 service changes and/ or developments (i.e. substantial and significant) can sometimes be used interchangeably, leading to confusion and misunderstanding. As such, the proposed draft terms of reference have been amended to make a clear distinction and reclassifying category 4 service changes and/or developments as 'major'.
- 2.12 Subject to any identified and agreed amendments, the Board is asked to consider establishing a Working Group (with appropriate membership) in line with the attached draft terms of reference.

### Work Programme

- 2.13 Having considered the range of written information presented at the meeting, and discussed relevant issues with those present, the Board is now asked to consider and identify matters to be included in its draft work programme.
- 2.14 A preliminary outline work programme is attached at Appendix 3, which identifies some issues suggested for inclusion in the Board's work programme, alongside a number of unscheduled issues predominately identified by the previous Scrutiny Board (Health). Members are asked to consider these issues when formulating matters to be included in its draft work programme.
- 2.15 In addition, Members are also asked to consider and determine how any specific proposed inquiry meets the criteria approved from time to time by the Scrutiny Advisor Group (Appendix 4).

## **3.0 Recommendations**

3.1 Members are requested to:

- 3.1.1 Note the contents of this report, including the protocol between the Scrutiny Board (Health) and NHS bodies in Leeds (updated June 2009);
- 3.1.2 Establish a Health Service Developments Working Group (with appropriate membership) in line with the attached draft terms of reference (subject to any identified and agreed amendments);
- 3.1.3 Determine the Board's priorities and identify matters to be included in its draft work programme for 2010/11.

## **4.0 Background Papers**

- Council's Constitution