APPENDIX 1

SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE) HEALTH SERVICE DEVELOPMENTS WORKING GROUP

TERMS OF REFERENCE

1.0 Background

1.1 The Health and Social Care Act (2001), subsequently reinforced and amended by the NHS Act (2006) and the Local Government and Public Involvement in Health Act (2007), places a duty local on NHS Trusts, Primary Care Trusts and Strategic Health Authorities 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 the Health Scrutiny Board where the NHS Body has under consideration any proposal for:

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

2.0 Scope

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

2.2 To assist Health Overview and Scrutiny Committees, and to help achieve some degree of consistency, the Centre for Public Scrutiny (CfPS) published a scrutiny guide, *Substantial Variations and Developments of Health Services*[1]. Based on this guidance, and through discussions between NHS Leeds and the Health Scrutiny Board, the following locally developed definitions and examples of service change/ development have been agreed and are summarised in Table 1 (below).

Table 1: Summary of levels of change

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

2.3 The definitions of reconfiguration proposals and stages of engagement/consultation are detailed in Annex 1.

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

2.4 The overall purpose of the Working Group is to provide an environment that allow local NHS bodies to have an on-going dialogue with Scrutiny, regarding changes and development of local health services. Therefore, the role of the working group can be summarised as follows:

- Considering, at an early stage, any future 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[2]; and,
  - Whether the proposal is in the interests of the local health service.
- Maintaining 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.
- Reviewing the implementation of any agreed service change and/or development, including any subsequent service user feedback.
- Referring any matters of significant concern to the Scrutiny Board, for consideration.

2.5 It should be recognised that the statutory duty to consider major changes remains the responsibility of the Scrutiny Board itself. As such, any major changes and/or variations identified will automatically be referred to the Scrutiny Board for consideration.

2.6 Where a major change and/or development is identified, the view of the Working Group on the relevant Trust's plans for patient and public engagement and involvement, and on whether the proposal is in the interests of the local health service will usefully inform the deliberation of the Scrutiny Board when considering such matters.

3.0 Frequency of meetings

3.1 At its meeting on 22 July 2011, the Scrutiny Board (Health and Well-being and Adult Social Care) agreed the following (initial) meeting dates:

- 5 September 2011 (10am)
- 7 November 2011 (10am)
- 9 January 2012 (10am)
- 5 March 2012 (10am)

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 may choose to meet outside this timetable.

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 previously identified matters.

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[2] 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 At its meeting on 22 July 2011, the Scrutiny Board (Health and Well-being and Adult Social Care) agreed to operate an open membership of all members of the Board for the duration of the current municipal year (2011/12).

5.0 Key stakeholders

5.1 The following key stakeholders have been identified as likely contributors to the Working Group:

- NHS Leeds
- Leeds Teaching Hospitals NHS Trust (LTHP)
- Leeds Partnerships NHS Foundation Trust (LPFT)
- Leeds Community Healthcare NHS Trust
- Director of Adult Social Services (or nominee)
- Director of Public Health (or nominee)

6.0 Monitoring arrangements

6.1 The Scrutiny Board will be kept fully appraised of the activity of the Working Group and regular updates, including reports and minutes from the Working Group, will be provided.

July 2011

ANNEX 1

Definitions of reconfiguration proposals and stages of engagement/consultation

Definition & examples of potential proposals	Stages of involvement, engagement, consultation: Informal Involvement	Engagement		Formal consultation
Major (substantial) variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT				**Category 4** Formal consultation required (minimum twelve weeks) **(RED)**
Significant variation or development 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			**Category 3** Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making **(ORANGE)**	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries		**Category 2** More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought **(YELLOW)**	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	**Category 1** Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions **(GREEN)**	Information & evidence base		

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*