

**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 25 June 2019**

**Subject: Local Authority Health Scrutiny**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Summary of main issues**

1. This report presents the Department of Health guidance '*Local Authority Health Scrutiny (June 2014)*' and proposes the establishment of a working group to assist the Scrutiny Board (Adults, Health and Active Lifestyles) fulfil part of its health scrutiny role and function.
2. The report also summarises current arrangement to consider relevant matters across the footprint of the West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System (ICS) in development).

**Recommendation**

3. Members are requested to:
  - (a) Note the Department of Health '*Local Authority Health Scrutiny (June 2014)*' guidance.
  - (b) Establish the Health Service Developments Working Group for the municipal year 2019/20, in line with the proposed Terms of Reference (presented at Appendix 2).

## **1.0 Purpose of this report**

- 1.1 This report presents the Department of Health '*Local Authority Health Scrutiny (June 2014)*' guidance and proposes the establishment of a working group to assist the Scrutiny Board (Adults, Health and Active Lifestyles) fulfil part of its health scrutiny role and function.

## **2.0 Main issues**

- 2.1 As detailed elsewhere on the agenda, the Scrutiny Board (Adults, Health and Active Lifestyles) has a specific remit / responsibility in relation to reviewing and scrutinising any matter relating to the planning, provision and operation of local health services.
- 2.2 There is also a responsibility to consider and comment on specific NHS service changes or developments, as referred to the authority by a relevant NHS body or health service provider. These functions of Council are delegated to the Scrutiny Board (Adults, Health and Active Lifestyles) and detailed in the terms of reference presented elsewhere on the agenda.

### Local Authority Health Scrutiny

- 2.3 In June 2014, the Department of Health published its '*Local Authority Health Scrutiny*' guidance to support local authorities and partners deliver effective health scrutiny. Some of the key messages from the guidance are presented below for ease of reference.
  - The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services. The new legislation extends the scope of health scrutiny and increases the flexibility of local authorities in deciding how to exercise their scrutiny function.
  - Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working and in making recommendations about how it could be improved.
  - At the same time, health scrutiny has a legitimate role in proactively seeking information about the performance of local health services and bodies; in challenging the information provided to it and in testing this information by drawing on different sources of intelligence.
  - Health scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement of relevant NHS bodies and relevant health service providers with health scrutiny is a continuous process. It should start early with a common understanding of local health needs and the shape of services across the whole health and care system.
  - Effective health scrutiny requires clarity at a local level about respective roles between the health scrutiny function, the NHS, the local authority, health and wellbeing boards and local Healthwatch.
  - In the light of the Francis Report, local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. Although health scrutiny functions are not there to deal with individual

complaints, they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends.

- In addition, health scrutiny needs to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.
- Health scrutiny should be outcome focused, looking at cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services.
- Where there are concerns about proposals for substantial developments or variation in health services (or reconfiguration as it is also known) local authorities and the local NHS should work together to attempt to resolve these locally if at all possible, taking advice from the Independent Reconfiguration Panel (IRP) and/or the Centre for Public Scrutiny (CfPS) if appropriate and necessary.
- If the decision is ultimately taken to formally refer the local NHS's reconfiguration proposals to the Secretary of State for Health, then this referral must be accompanied by an explanation of all steps taken locally to try to reach agreement in relation to those proposals.
- In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operates and should therefore take into account the effect of the proposals on sustainability of services, as well as on their quality and safety.
- Local authorities should ensure that regardless of any arrangements adopted for carrying out health scrutiny functions, the functions are discharged in a transparent manner that will boost the confidence of local people in health scrutiny.
- Health scrutiny should be held in an open forum and local people should be allowed to attend and use any communication methods such as filming and tweeting to report the proceedings. This will be in line with the new transparency measure in the Local Audit and Accountability Act 2014 and will allow local people, particularly those who are not present at scrutiny hearing-meetings, to have the opportunity to see or hear the proceedings.

2.2 The full Department of Health guidance is attached at Appendix 1 for information.

#### Local Authority Health Scrutiny

2.3 Historically, to help the relevant Scrutiny Board fulfil part of its health scrutiny role and function – particularly in relation to proposals around proposed changes or developments to local health services – an appropriate working group has been established.

2.4 It is recommended that similar arrangements are established for the current municipal year (i.e. 2019/20) and draft Terms of Reference are presented at Appendix 2.

#### West Yorkshire Joint Health Overview and Scrutiny Committee

2.5 In 2014, the changing landscape of health service commissioning and delivery across West Yorkshire highlighted the need for a West Yorkshire Joint Health Overview and Scrutiny Committee.

- 2.6 In November 2015, Leeds City Council agreed to join other West Yorkshire authorities in making joint arrangements; approving the terms of reference; delegating the relevant functions to the West Yorkshire Joint Health Overview and Scrutiny Committee (set out in Appendix 3); and asking the (then) Scrutiny Board (Adult Social Services, Public Health, NHS) to nominate Members to the Joint Committee.
- 2.7 The Joint Committee still exists and formally consists of Leeds, Bradford, Calderdale, Kirklees and Wakefield Councils. However, the working arrangements of the Joint Committee reflect the (continuing) transformation of collaborative work across the NHS (and local government) and the footprint now reflects the established West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System (ICS) in development.
- 2.8 For some time, North Yorkshire County Council has routinely been invited to attend and actively participate in meetings of the Joint Committee and was formally appointed as a co-opted member in 2018/19.
- 2.9 The need to formally review the arrangements of the Joint Committee to more adequately reflect the changed geography and collaborative arrangements has been recognised and work continues in this area. However, it is important to recognise the need to progress the development of the scrutiny function is not a unique feature of the West Yorkshire and Harrogate Health and Care system; and during the time of the review of the scrutiny function, the Joint Committee will continue to meet and function within the broad parameters of the terms of reference set out in Appendix 3.
- 2.10 Membership of the Joint Committee current consists of two members from the relevant scrutiny committee within each constituent local authority. Leeds' representatives on the Joint Committee have been the Chair and another member of the Scrutiny Board (Adults, Health and Active Lifestyles).
- 2.11 The Scrutiny Board is asked to note the current Joint Committee arrangements and confirm the Board's representatives, while recognising such arrangements are subject to review and may change during the current municipal year.

### **3.0 Corporate Considerations**

#### **3.1 Consultation and Engagement**

- 3.1.1 The Department of Health '*Local Authority Health Scrutiny (June 2014)*' guidance and working group terms of reference were considered by the previous Scrutiny Board in June 2018. This is the first opportunity to provide similar, updated information, during the new municipal year (2019/20).

#### **3.2 Equality and Diversity / Cohesion and Integration.**

- 3.2.1 In line with the Scrutiny Board Procedure Rules, the Scrutiny Boards will continue to ensure that equality and diversity/cohesion and integration issues are considered in decision making and policy formulation.

### **3.3 Council Policies and the Best Council Plan**

3.3.1 As this report relates to the Scrutiny Board's health scrutiny function relating to the NHS, there are no specific Council Policy or Best Council Plan implications. However, the Scrutiny Board may need to consider if there are any specific implications relating to any future NHS service development and/or change proposals.

### **3.4 Resources and Value for Money**

3.4.1 This report has no specific resource and value for money implications.

### **3.5 Legal Implications, Access to Information and Call In**

3.5.1 This report has no specific legal implications.

### **3.6 Risk Management**

3.6.1 This report has no risk management implications.

### **4.0 Recommendation**

4.1 The Scrutiny Board is requested to:

- (a) Note the Department of Health '*Local Authority Health Scrutiny (June 2014)*' guidance.
- (b) Establish the Health Service Developments Working Group for the municipal year 2019/20, in line with the proposed Terms of Reference (presented at Appendix 2).
- (c) Note the current West Yorkshire Joint Health Overview and Scrutiny Committee arrangements and confirm the Board's representatives, while recognising such arrangements are subject to review and may change during the current municipal year

### **5.0 Background documents<sup>1</sup>**

5.1 None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.