

SCRUTINY BOARD (HEALTH) HEALTH PROPOSALS WORKING GROUP

TERMS OF REFERENCE

1.0 Background

1.1 The initial legislative background regarding scrutiny's consideration of NHS Trusts proposals for changes to local health services was set out in the Health and Social Care Act (2001) (the 2001 Act). This could be summarised as follows:-

- The 2001 Act sets out a series of statutory requirements for the NHS in relation to patient and public involvement.
- Section 11 of the 2001 Act places a duty on the NHS to involve and consult patients and the public in planning services, developing and considering proposals for changes in the way those services are provided, and in decisions that affect how those services operate.
- Section 7 of the 2001 Act requires NHS organisations to consult the Scrutiny Board (Health and Adult Social Care) on any proposal for a **substantial** development or variation to health services.
- The 2001 Act further provides powers for Scrutiny Board (Health and Adult Social Care) to refer issues, on which they have been consulted under the "substantial variation" clause, to the Secretary of State for Health either where they believe that consultation with patients, the public and other stakeholders has not been satisfactory or where they consider that a proposal of an NHS body is not in the interests of the health service in the area.

1.2 The duties to involve and consult, as set out in Sections 7 and 11 of the 2001 Act, have subsequently been developed and brought together into the NHS Act (2006). This can be summarised as:

- **Section 242 (2), NHS Act 2006** places a statutory duty on all NHS organisations to make arrangements to involve and consult people in:
 - Planning services they are responsible for;
 - Developing and considering proposals for changes in the way those services are provided;
 - Decisions to be made that affect how those services operate.
- **Section 244 (2), NHS Act 2006** requires NHS Trusts to consult the local Overview and Scrutiny Committee (OSC) on any proposal for "substantial development or variation of the health service".

2.0 Scope

2.1 The levels of change are not defined in legislation and it is widely acknowledged that the definition of 'substantial' development or variation of health services is subjective, with proposals often open to interpretation. As such, through discussions with the Scrutiny Board, Leeds PCT has developed local definitions and examples, covering four levels of change.

2.2 The definitions of change (detailed in Appendix 1) are based on guidance included in the scrutiny guide, *Substantial Variations and Developments of Health Services*¹, and are summarised in Table 1 (below).

¹ Published by the Centre for Public Scrutiny, December 2005

Table 1: Summary of levels of change

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

2.3 The purpose of the Working Group is to allow local NHS bodies to inform Scrutiny of future proposals for service changes at an early stage to allow the Working Group to discuss and agree the status and resulting actions for such proposals.

2.4 However, as the statutory duty to consider substantial changes will remain with the full Scrutiny Board, the remit of the Working Group will be to:

- Agree whether a proposal amounts to a substantial variation and needs to be considered by the full Board.
- Consider whether the Trust's plans for consultation with patients, the public and other stakeholders seems satisfactory.
- Consider whether the proposal is in the interests of the health service in the area.

2.5 In the case of substantial changes, the view of the Working Group on bullet points two and three will assist the full Board in coming to a decision about whether further scrutiny is necessary.

3.0 Frequency of meetings

3.1 It is initially proposed that the Working Group will meet on a bi-monthly basis, commencing in September 2008.

3.2 However, it is planned that the Working Group will adopt a flexible approach to meeting dates and, as such, may choose to meet outside a bi-monthly timetable.

4.0 Membership

4.1 The membership of the Health Proposals Working Group for the duration of the current municipal year (2008/09) is as follows:

- Councillor Pauleen Grahame
- Councillor Andrea McKenna
- Councillor Alan Lamb
- Eddie Mack (Co-opted member)

5.0 Key stakeholders

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

- Leeds Primary Care Trust (PCT)
- Leeds Teaching Hospitals NHS Trust (LTHP)
- Leeds Partnership Foundation Trust (LPFT)
- Director of Adult Social Services

6.0 Monitoring arrangements

6.1 The full Scrutiny Board (Health) will be kept apprised of the activity of the Working Group and regular updates will be provided.

September 2008

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>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</p>				<p>Category 4 Formal consultation required (minimum twelve weeks)</p>
<p>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</p>			<p>Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the <u>public</u> are engaged in planning and decision making</p>	Information & evidence base
<p>Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries</p>		<p>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</p>	Information & evidence base	
<p>Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>	<p>Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions</p>	Information & evidence base		

OSC involved

OSC may be involved

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