

**SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)**  
**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 The Department of Health guidance, '*Local Authority Health Scrutiny*' (June 2014) also states that, as commissioners or providers of public health services and as providers of health services to the NHS, services commissioned or provided by local authorities are themselves within the scope of the health scrutiny legislation and therefore subject to the same requirements as NHS commissioners and service providers.
- 1.4 Leeds City Council currently delegates its health scrutiny function to the Scrutiny Board (Adults, Health and Active Lifestyles) to discharge on its behalf.

**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.
- 2.2 However, to help achieve some degree of consistency, the Centre for Public Scrutiny (CfPS) had published a scrutiny guide, *Major Variations and Developments of Health Services*, in December 2005. Based on this guidance, and through discussions with local NHS partners, locally developed definitions and stages of have been adopted. These have been refined over time and are detailed in Annex A and summarised in Table 1.
- 2.3 The overall purpose of the working group is to offer an environment that allows early engagement with the Scrutiny Board (Adults, Health and Active Lifestyles) regarding proposed developments and/or changes to local health services; allowing local NHS commissioners and service providers to have an on-going dialogue in this regard.
- 2.4 The working group also provides an opportunity for members of the Scrutiny Board (Adults, Health and Active Lifestyles) to consider progress of previously discussed proposals.

Table 1: Assessment framework for proposed service changes / reconfigurations.

DEGREE OF PROPOSED SERVICE CHANGE / VARIATION	INVOLVEMENT OF HOSCs
<p><b>Category 4 – Substantial or Major variation or development</b> Introduction of a new service, proposed service reconfiguration – changing how/where and when large scale services are delivered.</p>	<p><b>CONSULT (RED)</b></p>
<p><b>Category 3 – Significant variation or development</b> Change in demand for specific services or modernisation of services, changing provider of existing service, pathway redesign impacting on a wide range of people</p>	<p><b>ENGAGE (ORANGE)</b></p>
<p><b>Category 2 – minor change</b> Proposals made based on routine patient/ service user feedback or activity, proposal to extend or reduce opening hours</p>	<p><b>ADVISE (YELLOW)</b></p>
<p><b>Category 1 – ongoing operational change</b> Identified need for modernisation with no / minimal impact on how, where and when patients access services. Changes to support / administration services and other non-patient facing parts of a pathway.</p>	<p><b>INFORM (GREEN)</b></p>

2.5 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 recommend the appropriate category of variation (i.e. Substantial (Major), Significant, Minor or Operational changes), which in turn will determine the level of public engagement and involvement.
- To consider whether or not relevant plans for public engagement and involvement are appropriate and appear satisfactory<sup>1</sup>.
- 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 (as determined by the Scrutiny Board (Adults, Health and Active Lifestyles)).
- To refer any matters of significant concern to the full Scrutiny Board (Adults, Health and Active Lifestyles), for further consideration.

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

2.7 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 (Adults, Health and Active Lifestyles) when considering such matters.

<sup>1</sup> The aim of early engagement is to allow early discussions and agreement regarding the proposed degree of variation, prior to the commencement of any patient and public engagement and involvement activity

## Health and Care Act 2022

- 2.8 The Health and Care Act 2022 is likely to impact on the Council's future health scrutiny function. The introduction of new Secretary of State intervention powers associated with substantial service reconfigurations across the NHS is specifically relevant.
- 2.9 Under the Health and Care Act 2022, the duty remains for NHS bodies to consult local authorities (through the health overview and scrutiny function) where substantial reconfiguration proposals are under consideration.
- 2.10 There is existing provision for the local authority (delegated to the Scrutiny Board (Adults, Health and Active Lifestyles)) to make formal referrals to the Secretary of State where those proposals are not considered to be in the interest of local health services and/or it is deemed that insufficient consultation has taken place with the Scrutiny Board.
- 2.11 It is expected that the new Secretary of State intervention powers will supersede the local authority's existing referral power. Nonetheless, on a practical level, it is anticipated that the new Secretary of State intervention powers will not be introduced until April 2023, with the existing power of referral remaining in place during this transitional period.
- 2.12 Such arrangements may require transitional government guidance. The Scrutiny Board (Adults, Health and Active Lifestyles) will continue to be kept up-to-date with further developments, including any associated guidance, as they progress. Any such guidance will be considered alongside these terms of reference to guide the work and operation of the Health Service Developments Working Group.

### **3.0 Frequency of meetings**

- 3.1 The working group will meet on an ad-hoc basis as the need arises
- 3.2 It should be noted that the duty to engage with the Scrutiny Board (and the associated working group) remains the responsibility of:
- NHS commissioners and service providers; and,
  - The local authority in its role as commissioner or provider of public health services and as provider of health services to the NHS.

### **4.0 Membership**

- 4.1 The membership of the working group will be drawn from the membership of the Scrutiny Board (Adults, Health and Active Lifestyles).
- 4.2 The quorum of any working group meetings will be the Chair (or the Chair's nominee) plus a minimum of two other members from the Scrutiny Board (Adults, Health and Active Lifestyles).
- 4.3 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 indicative contributors to the working group:
- NHS Leeds Clinical Commissioning Group

- Leeds Teaching Hospitals NHS Trust (LTHT)
- Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Leeds Community Healthcare NHS Trust (LCH)
- Director of Adult and Health (or nominee)
- Director of Public Health (or nominee)

## **6.0 Monitoring arrangements**

- 6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) will be kept fully updated on the work and activity of the working group.

**June 2022**

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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: Consult</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: Engage</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>	Information & evidence base
<p><b>Minor change</b> Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>		<p><b>Category 2: Advise</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>	Information & evidence base
<p><b>Ongoing operational developments</b> Identified need for modernisation with no / minimal impact on how, where and when patients access services. Changes to support / administration services and other non-patient facing parts of a pathway.</p>	<p><b>Category 1: Inform</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>		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*