



**SCRUTINY:
HEALTH AND SOCIAL CARE REVIEW
GROUP (HSCRG)**

**AGENDA ITEM
8**

DATE OF MEETING: 2nd August 2012

REPORT OF: Head of Citizen Engagement and Strategic Policy

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SUBJECT: Local Authority Health Scrutiny: Proposals for consultation

PURPOSE:

1. To present the Department of Health's consultation on proposals for health scrutiny, following the changes brought about by the Health and Social Care Act 2012 (HSCA), for consideration and response.

RECOMMENDATIONS:

2. That HSRGC considers the consultation proposals shown in summary in Appendix A, and the draft answers to the questions, also in the same document, and approve them with or without amendments, for forwarding to the Department of Health.
3. If any amendments are required, that HSCRG delegates authority to the Head of Citizen Engagement and Strategic Policy to finalise and forward the responses, after consultation with the Chair.

REPORT:

4. The Department of Health's consultation on proposals for health scrutiny are shown in full in Appendix B.
5. The proposed changes to health scrutiny aim to strengthen local democratic legitimacy in the NHS and public health services, helping to put the interests of patients and the public at the heart of the planning, delivery, and reconfiguration of health services, increasing accountability and enhancing public voice.
6. The Government's aim is to enable health scrutiny it to be conducted as part of the local authority's wider responsibility to improve health and reduce health inequalities for its area and inhabitants.
7. There is recognition of the added value of health scrutiny, particularly where working relationships between the NHS and health overview and scrutiny

committees (HOSCs) are well developed and through on-going dialogues, potential areas of dispute are identified and resolved.

8. The main aims of health scrutiny remain to identify whether:
 - the planning and delivery of healthcare reflects the views and aspirations of local communities;
 - all sections of a local community have equal access to health services;
 - all sections of a local community have an equal chance of a successful outcome from health services; and
 - proposals for substantial service change are in the best interests of local health services.
9. There are two major changes to health scrutiny brought about by the HSCA:
 - Regulations will confer health scrutiny functions on the local authority and not directly to the HOSC, as at present. This is to give flexibility to local authorities to decide how to discharge the functions. A local authority with an Executive/ Scrutiny arrangement can continue to have a HOSC to discharge the functions;
 - The scope of health scrutiny will be extended to include relevant NHS bodies and relevant service providers, which includes the NHS Commissioning Board, Clinical Commissioning Groups (CCGs) and providers of NHS and public health services funded by the NHS and local authorities.
10. Proposed changes being consulted on fall into four main areas as follows:
 - requiring local authorities to publish a timescale for making a decision on whether a proposal will be referred;
 - requiring local authorities to take account of financial considerations when considering a referral;
 - introducing a new intermediate referral stage for referral to the NHS Commissioning Board for some service reconfigurations;
 - requiring the full council of a local authority to discharge the function of making a referral.
11. A summary of the proposals preceding the questions and suggested answers are provided in Appendix A. HSCRG is requested to consider the proposals and approve the responses, with or without amendments, as Members feel appropriate. If any changes to the draft responses are required, HSCRG is also requested to delegate authority to the relevant officer to finalise and forward the responses, after consultation with the Chair.

APPENDICES:

Appendix A: Local Authority Health Scrutiny: Proposals for consultation

Appendix B: Summary of proposals, consultation questions and draft responses.