

1. INTRODUCTION

- 1.1 Under Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, a local authority may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area. The powers cover all commissioners and providers of publicly funded healthcare and social care. In Luton, the Council has delegated its health and social care overview and scrutiny functions to its Overview and Scrutiny Board (OSB). The OSB has in turn set up a sub-committee, the Health and Social Care Review Group (HSCRG) to discharge those functions.
- 1.2 The health and social care overview and scrutiny functions are independent and distinct from those of the Executive of the Council. In line with the Centre for Public Scrutiny four principles of effective scrutiny they:
- Provide critical friend challenge to how local health and social care services are commissioned, provided and developed for their community;
 - Are led by independent-minded people - non-Executive Councillors;
 - Enable the voice of the public to be heard, particularly those who use services;
 - Are focused on improving services and outcomes.
- 1.3 The functions also have the power to require commissioners and providers of all local publicly funded healthcare and social care, including the Council, to listen and respond to recommendations for improvements, as appropriate.
- 1.4 Responsibilities of the HSCRG include:
- Overseeing all health and social care services in Luton and holding local decision-makers to account for commissioning decisions affecting people who use those services;
 - On-going light touch review and scrutiny of health and social care priority topics;
 - From time to time, identifying topics for in-depth review by HSCRG (or Task & Finish Review Groups), subject to OSB approval;
 - Reviewing and responding to local consultations by NHS bodies, health and social care service providers, on changes to services affecting people who use those services;
 - Contributing to joint health scrutiny committees, reviewing consultations by NHS bodies or health service providers on cross-border changes to services, affecting people who use those services in the relevant areas.

2. OBJECTIVE

- 2.1 To help ensure the development and provision of health and social care services in Luton are in the best interest of the area and people who use those services.

3. METHODOLOGY

3.1 HSCRG will focus on three main activity areas:

a. Overview*:

- Keeping an oversight of the provisions of health and social care services, including key developments/ variations, by calling for information and explanations from relevant senior officers;
- Holding to account decision-makers about key decisions relative to health and social care services, affecting the area and people who use those services;
- Making comments/ recommendations for improvement as appropriate.

(**Note:** * Facilitated through the Luton Joint Officer Network – see Appendix 1).

b. Review and Scrutiny:

- Undertaking on-going light touch review and scrutiny of health and social care priority topics;
- From time to time, identifying health or social care topics of concerns for in-depth review by HSCRG (or Task & Finish Review Groups), subject to OSB approval;
- Identifying and scrutinising emerging health or social care related incidents, giving cause for public concerns;
- Making comments/ recommendations for improving services and outcomes, as appropriate.

c. Consultation:

- Dealing with consultations by NHS bodies and health and social care service providers, including the Council, about substantial developments or variations of health services in the area, in line with the “*Guide for Members and NHS Re-design Managers*”, attached as Appendix 2;
- Advising NHS bodies and health and social care service providers, including the Council, on the developments or variations of services, not considered substantial (Appendix 2 refers);
- Representing Luton on any regional/ sub-regional Joint Health Overview and Scrutiny Committee, dealing with cross-border consultations;
- Making comments/ recommendations for consideration by the consulting body;
- If not satisfied with the extent and/ or duration of the consultation and/ or the decision taken by the NHS body or health service provider, the matter could be referred to the Secretary of State, if appropriate, via Full Council;
- In cases where Luton Borough Council was the consulting body, the decisions of the Executive following consideration of scrutiny recommendations, would fall outside the Council’s Call-in procedure. However, in line with accepted scrutiny protocol, the relevant Portfolio Holder would be requested to respond in writing on the rationale for not accepting the recommendation(s) and attend a HSCRG meeting in person to respond to Members’ questions.

3.2 The HSCRG’s method of working* will involve:

- Developing constructive working relationships with the Health and Well-Being Board (HWBB), commissioners, including the Luton Clinical Commissioning Group (CCG) and NHS bodies and health and social care service providers, including the Council. (Note: The HSCRG Chair sits on the HWBB as an observer;
 - Calling on senior representatives of the HWBB, Luton CCG, NHS bodies and health and social care service providers, including the Council, and expert witnesses, as appropriate, to meetings to provide information/ evidence and respond to issues of concerns;
 - Maintaining a close working relationship with the Care Quality Commission (CQC) and HealthWatch Luton.
 - Including a representative of Healthwatch Luton as a co-optee on the HSCRG.
- (Notes: * Facilitated through the Luton Joint Officer Network - see Appendix 1).

4. GUIDING PRINCIPLES

- 4.1 Members of the HSCRG will discharge their roles and responsibilities, against the following principles:
- Promoting equality, inclusion, and community cohesion;
 - Treating witnesses, members of the public, officers and partners with courtesy and respect;
 - Being objective, leaving out partisan party politics;
 - Engaging with and putting the needs of the community first;
 - Making evidence-based recommendations on the basis of consensus, to achieve acceptable resolutions.

5. EVIDENCE GATHERING, ANALYSIS AND REPORTING

- 5.1 Democracy and Scrutiny, in consultation with the Chair, will develop and maintain a work programme to guide the work of the HSCRG.
- 5.2 For any in-dept review, the responsible Democracy and Scrutiny Officer, in consultation with the HSCRG (or Task & Finish Group) Chair, will prepare a draft scope for sign off by the OSB Chair and Vice-Chairs. The Officer will also keep a project plan to co-ordinate evidence gathering and the reporting process.
- 5.3 Evidence gathering for in-depth reviews will be taken at committee meetings, personal interviews, site visits and community groups meetings as follows:
- From senior representatives of the HWBB, NHS bodies, and health and social care service providers, including the Council, as appropriate;
 - From other experts/ stakeholders, including members of the public and community/ special interests groups, as required.
- 5.4 Evidence will also be drawn from relevant documents, to include:
- NHS/ Council Strategy documents and plans and Performance Reports;
 - Equality Impact Assessments/ Integrated Impact Assessments;
 - Results of user experience/ satisfaction surveys;
 - Relevant legislation;
 - Reports on the outcome of consultation and public engagement exercises;

- Reports of similar reviews from other authorities;
 - Good practice guidance, e.g. from the Centre for Public Scrutiny, Local Government Association and the Department of Health.
- 5.5 HSCRG (or Task & Finish Group) will determine the types and levels of public engagement work required, in liaison with the Consultation & Community Engagement Team. Evidence will be taken from the results of relevant work undertaken by Healthwatch Luton, from consultations already undertaken by the service and from any supplementary work commissioned by the HSCRG (or Task & Finish Group).
- 5.6 HSCRG (or Task & Finish Group) will approve press releases, in liaison with the Press & Public Relations Team, to raise awareness and appeal for evidence/ views from the public and people who use services, to inform the review.
- 5.7 The Democracy and Scrutiny Officer will collate, co-ordinate and help analyse evidence, formulate conclusions/ recommendations and draft reports for consideration by the HSCRG.
- 5.8 HSCRG will make appropriate evidence-based comments/ recommendations by consensus on matters scrutinised at any time and following in-dept reviews.
- 5.9 HSCRG's (or Task & Finish Review Group's) final report, following an in-depth review, will be subject of a Scrutiny Consistency Panel review and OSB approval prior to submission to the NHS bodies/ health service provider, or Executive, unless otherwise authorised by the OSB.
- 5.10 The Democracy and Scrutiny Team Leader will be provided delegated responsibility for finishing final reports, after consultation with the Chair of HSCRG (or Task & Finish Review Group).

6.0 Dates of meetings for 2014-15

Date	Time	Committee Room
18 th June 2014	6.00 pm	3
31 st July 2014	6.00 pm	3
11 th September 2014	6.00 pm	3
8 th October 2014	6.00 pm	3
18 th November 2014	6.00 pm	2
8 th January 2015	6.00 pm	3
2 nd March 2015	6.00 pm	3
1 st April 2015	6.00 pm	3

7. MEMBERSHIP AND OFFICER SUPPORT

- 7.1 The following Members were appointed to the HSCRG for 2014/15:

Cllr. Campbell	Cllr. T. Malik
Cllr. J. Davies	Cllr. Moles

Cllr. Foord	Cllr. Zia
Cllr. Gale	Mr Norris Bullock(Co-optee, Healthwatch Luton)
Cllr. Knight	

- 7.2 HSCRG will elect a Chair at its first meeting to serve for the duration of the municipal year. (Note: Councillor XXXX was elected as Chair for 2014-15)
- 7.3 A Member, who is unable to attend a scheduled meeting, may nominate another eligible Member to attend, by notifying the Democracy and Scrutiny Team no later than the start of the meeting. The substituted Member will cease to be a HSCRG Member for the duration of the meeting, in favour of the substitute Member.
- 7.4 Officer Support will be provided as follows:
- Project management/ co-ordination - Democracy and Scrutiny;
 - Public Involvement - Consultation and Community Engagement;
 - Public Relations - Press & Public Relations;
 - Expert advice – Public Health, Housing & Community Living, and from NHS Partners to be determined, as necessary.

8. REVIEW OF TERMS OF REFERENCE

- 8.1 These Terms of Reference and any subsequent amendments proposed by HSCRG are subject of approval and sign-off by the OSB Chair and Vice-Chairs in accordance with the agreed procedure.

Luton Joint Officer Network - Terms of Reference**INTRODUCTION**

The Luton Joint Officer Network (LJON) is an informal network of officers from partner agencies working in health and adult social care.

PURPOSE

To provide a safe forum for officers from all relevant partner agencies, to engage with each other and Overview and Scrutiny and Healthwatch to facilitate:

- Open dialogues and sharing of information to help develop a common understanding of key issues and problems;
- Discussion on approaches to address past, current and anticipated problems/ issues in health and social care, including intentions/ plans for service developments/ variations of potential interest to Overview and Scrutiny and Healthwatch.

OBJECTIVES AND KEY TASKS

- To promote on-going open dialogues between representatives of partner agencies and overview and scrutiny and Healthwatch;
- To identify and share information on significant past, current and future issues in of potential interest to Overview and Scrutiny and Healthwatch;
- To advise and support respective partner agencies to promote engagement with Overview and Scrutiny and Healthwatch, as integral phases of policy and service developments and commissioning decisions, in line with the attached 'Guide for Members and NHS Re-Design Managers' (Appendix B);
- To develop joint working agreements, including standard format for reporting to overview and scrutiny and Healthwatch and an agreed procedure to submit references to overview and scrutiny.

MEMBERSHIP

The LJON will comprise representatives from the following:

Luton Clinical Commissioning Group (Lead Agency)	South Essex Partnership Trust (SEPT)*
Luton Borough Council: Adult Social Care	East of England Ambulance Service
Luton Borough Council: Public Health	Healthwatch Luton
Luton Borough Council: Scrutiny: Health & Social Care Review Group	NHS England, Local Area Team*
Luton & Dunstable Hospital	Care Quality Commission
Cambridgeshire Community Service*	

***Note:** These members may need updating due to potential anticipated changes as at April 2014.

CHAIRING AND FREQUENCY OF MEETINGS

Luton CCG will provide the Chair of LJON meetings, which will take place three times a year. Additional meetings could be called at anytime to address any emergent issues, if necessary.

Engagement with Health Overview and Scrutiny**A Guide for Members and NHS Re-Design Managers****Purpose**

To provide guidance to Members and NHS Re-Design Managers on the involvement of Luton Scrutiny: Health and Social Care Review Group (HSCRG) in service development and/ or variation.

Background

Part 5 of the Health and Social Care Act 2012 deals with the health scrutiny functions of local authorities and makes provision for the establishment of Health and Wellbeing Boards and the creation of Healthwatch. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 gives effect to the functions summarised as follows:

Health scrutiny

Luton Borough Council (LBC) can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions in public and make recommendations for improvements that have to be considered. Proposals for major changes to health services can be referred to the Secretary of State for determination if, following consultation, they are not considered to be in the interests of local health services. Health scrutiny also has a valuable pro-active role, helping to understand communities and tackle health inequalities.

All commissioners and providers of publicly funded healthcare and social care are covered by the powers, along with health and social care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Health and Wellbeing Board

The Health and Wellbeing Board (HWBB) is a Committee of Luton Borough Council. It is made up of councillors and senior officers from relevant local services, NHS England and Healthwatch. Its responsibilities include taking the lead on improving health and wellbeing outcomes and reducing health inequalities for the local communities and encouraging integrated working between health and social care commissioners.

Local Healthwatch

Healthwatch Luton is the local consumer champion for health and social care representing the collective voice of people who use services and the public. Its purpose is to build up a local picture of community needs, aspirations and assets and the experience of people who use services, and report any concerns about services to commissioners, providers and the Council health scrutiny.

All the above functions have a role to play in the way local services are planned and delivered. This guide provides some advice on working relationships, particularly relating to interactions with health scrutiny.

Consultation/ Engagement

LBC's Scrutiny: HSCRG should be consulted on any proposals by any NHS body for any substantial development of the health service in the area, or a substantial variation in the provision of services.

[Notes: If more than one area affected, relevant Health & Social Care Overview and Scrutiny Committees have to set up a joint committee]

NHS bodies have to involve the public in the planning of service provision, development and consideration of proposals for changes, and in decisions to be made affecting the operation of those services.

The Luton Clinical Commissioning Group is required to consult on their annual commissioning plans, as well as involve the public on any changes that affect patient services, not just those with a 'significant' impact.

Engagement with HSCRG, on any change to patient services, needs to be part of established working relationship, to give Members the opportunity to advise/ make representation on behalf of the public.

The role of HSCRG in consultations

- Determining, in liaison with NHS bodies, if proposed change is 'substantial';
- Advising on pre-consultation public involvement;
- Considering and advising on fitness for purpose of consultation document/ proposals;
- Taking evidence on proposals/ options and responding as consultee;
- Determining adequacy of the consultation, how outcome was considered, and if decision(s) made are in the interests of local health services, and if not, to consider recommending referral to the Secretary of State.

Factors for determining 'substantial'

'Substantial' is a matter for local determination by the HSCRG, in liaison with the relevant NHS body proposing the change/ development of services.

The below questions should be addressed by NHS re-design managers in developing a communications and engagement plan, to help HSCRG arrive at a judgment on 'substantial'.

Questions to be considered:

- What is the nature of the services under review and the proposed change or development? *(Include if change/ development is an enhancement in services)*
- How will this affect the location of the services and/or accessibility by people who use those services?
- How many patients and which groups will be affected, and to what degree? *(Include how patients use services, e.g. frequently by many or infrequently by few)*
- Has an equality impact assessment been undertaken, and if so, what are the specific issues found? If not, when will this be done?
- What preliminary public/ stakeholder/ clinical engagement work has already taken place and what, if any, changes to the proposals have been made as a result?

- What will be the likely impact on other services and the wider community? (*Include financial impact, particularly where savings are sought*)
- How politically sensitive/ controversial are the proposals?

Answers to the above questions are relevant for any proposed changes, whether or not they are likely to have a significant impact on patient services, as they would provide information to help HSCRG keep a strategic overview on what is going on in the area and decide on their involvement, if any.

Options for HSCRG

- If it is determined the proposed changes are not 'substantial', the HSCRG could decide no involvement is required, or just to keep a light touch overview;
- If it is determined the proposed changes are 'substantial', but would lead to clear improvement in services, and public/ stakeholders involvement was adequate, HSCRG could decide just to keep a light touch overview and call for an outcome report in due course.
- If it is determined the proposed changes are 'substantial' and there are concerns, formal consultation will be required. HSCRG will advise on the length of consultation, help with identification of affected population and methods which could be used to consult. If appropriate, HSCRG could advise on setting up a Task & Finish Group to review the implications and recommend a response.

[**Notes:** Length of consultation is usually 12 weeks, but the HSCRG may agree a longer or shorter period, if necessary for a valid reason]