

Health Scrutiny Committee Task and Finish Group on the Health and Care Review in Suffolk

Terms of Reference

The terms of reference of the Task and Finish Group are:-

1. To act as a forum for dialogue with the Clinical Commissioning Groups and Adult and Community Services on the developments taking place under the Health and Care Review in Suffolk, with a view to identifying any proposals which could be deemed to be a substantial development or substantial variation in service upon which the Health Scrutiny Committee would wish to be formally consulted. The primary focus will be on the development of the Urgent Care model.
2. To establish whether there are other aspects of work taking place as part of the Review where scrutiny could add value, taking into account the work programmes of the Health and Wellbeing Board, CCG Governing Bodies and Healthwatch Suffolk. Any scrutiny activity should be independent, appropriately timed and not duplicate other work. It should add value to the work of the County Council and its partners and should reflect the views and concerns of patients and public in Suffolk.
3. To report formally and transparently to the Health Scrutiny Committee on all activities, including an explanation of any issues reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved and an explanation of any recommendations on the matter.

Focus

The scope of this review has been developed to provide the Task and Finish Group with an opportunity to come to a view on the following key questions:-

- a) What progress is being made under each of the three workstreams:- health and independence, urgent care and efficient elective care?
- b) What progress has been made on the development of the Urgent Care model?
- c) What are the arrangements for re-commissioning the Out of Hours Services, 111 Service and Community Services?
- d) What are the timescales associated with the re-commissioning?
- e) What risks have been identified and how are these to be mitigated?
- f) How will the CCG ensure that the payment and contract levers in place are aligned with and will support system wide policy objectives including the reduction of total emergency admissions?
- g) How are patients and the public being involved in the development and commissioning of these services?
- h) What are the implications of the developing service models for patients and the public?
- i) What are the views of the public and patients?
- j) What are the views of stakeholders?

Why this is a Scrutiny Item:

The Health and Care Review is taking place because:

- the Government has made a commitment to making co-ordinated health and care services a reality;
- there are significant financial constraints across the Health and Social Care system;
- there is a predicted increase in the population, the age of the population and the proportion of the population with long term conditions meaning that demand for health and care services is rising;
- recruitment and retention of staff, the development of seven day services and the need to create centres for some specialised services are also a current challenge.

The Government has introduced the Better Care Fund as an enabler to greater integration of health and care services.

In Suffolk, there are some very real opportunities for change, as major contracts are up for renewal in 2014/15 – namely NHS 111, out of hours urgent GP care and community services. The way in which these services are delivered could look different in future.

Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents and hold relevant NHS bodies and health service providers to account ensuring that residents needs are considered as an integral part of the development, commissioning and delivery of health services.

Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers *to consult local authority health scrutiny* about any proposal which they have “under consideration” for a substantial development or variation in the provision of health services in the local authority’s area. The term “under consideration” is not defined and will depend on the facts, but a development or variation is unlikely to be held “under consideration” until a proposal has been developed.

“Substantial development” or “substantial variation” are not defined in legislation but guidance suggests in deciding whether a proposal is substantial, the following issues should be considered:

- changes in accessibility of services/equality of access to services;
- service reduction/closures;
- impact of the service on the wider community and other services, including economic impact, transport and regeneration;
- numbers of patients affected, changes may affect the whole population or a geographical area or a small group. If a change affects a small group it may still be considered substantial, especially if patients need to continue to access that service for many years to come;
- methods of service delivery – eg moving a service into a community setting from

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an acute hospital setting;

- local feeling.

The evidence used to assess this should include the views of the public and patients gained through the public engagement/consultation undertaken by the NHS body in earlier stages of the programme, under the NHS duty to involve.

In light of the fast pace of change associated with the various strands of the Health and Care Review, the role of the Task and Finish Group will be to keep a watching brief on the developments taking place under the Review, and to act as a forum for dialogue on behalf of the Committee to ensure that where proposals for substantial developments emerge, that health scrutiny is appropriately and formally consulted under the Regulations.

It is important to note that the new Regulations require the following timescales to be provided to health scrutiny bodies and to be published by the proposer of the substantial development:

- the date by which the NHS body requires health scrutiny to provide comments in response to any consultation;
- the date by which the NHS body intends to make a decision as to whether to proceed with the proposal.

Given the above, should formal consultation of the Committee be required, it may be necessary to convene an additional formal meeting of the Health Scrutiny Committee, in order that mutually acceptable timescales can be agreed.

Where the Health Scrutiny Committee has been consulted, it has the power to make comments or recommendations on the proposals to the NHS body, by the date notified.

Under the new Regulations, where health scrutiny's comments include a recommendation and the consulting organisation disagrees with this, the organisation must notify health scrutiny of the disagreement and such steps as are "reasonably practicable" should be taken to try to reach agreement.

Health scrutiny retains the power to refer proposals to the Secretary of State where certain conditions, as set out within the Regulations, have been met.

Task and Finish Group members:

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| Task and Finish Group | Councillor Michael Ladd Councillor Sarah Adams Councillor Colin Noble Councillor Elizabeth Gibson-Harries |
| Officer support: | Isabel Cockayne, Head of Communications, Ipswich and East and West Suffolk CCGs Jo Cowley, Business Development Specialist, SCC Cathy Craig, Assistant Director, ACS, SCC Theresa Harden, Business Manager, SCC Democratic Services |

Evidence Set Appendix A

| Key Dates and Issues to be considered (Working Document) | |
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| 19 August 2014 | <p>Task and Finish Group Meeting Discuss and agree Terms of Reference including key areas for investigation Clarify any issues around process and timescales An overview of current status of Health and Care Review and the next steps Kings Fund Evidence Develop schedule of work</p> |
| Dates to be circulated to all HSC members | <p>Focus Group Meetings Invitations to be extended to all Members of the Health Scrutiny Committee to attend/observe discussion Forums being set up by the CCGs about the development of the service specifications for 111, GP Out of Hours and Community Services. Those attending the Focus Groups to be asked to provide feedback on their Top 3 points of observation for further consideration by the TAF Group.</p> |
| 10 September 2014 10.00am to 1.00pm Elisabeth Room, Endeavour House. | <p>Health and Wellbeing Board Meeting The Health and Wellbeing Board consider a report on the Health and Care Review and the latest Better Care Fund submission.</p> |
| 24 September 9.00am to 1.00pm The Lecture Room, St Edmundsbury Cathedral, Bury St Edmunds | <p>West Suffolk CCG Governing Body/AGM (Papers to be available 17 September 2014)</p> |
| 29 September 2014 11.00am to 1.00pm Giles Room, EH | <p>Task and Finish Group meeting</p> <ul style="list-style-type: none"> • Findings and observations from the meetings attended; • An update from officers on progress. • Agree TAFG report to the Health Scrutiny Committee on 15 October 2014 |
| 30 September, 9.00 a.m. Kesgrave Community Centre | <p>Ipswich and East CCG Governing Body</p> |
| 15 October 2014 | <p>Report on Progress to the Health Scrutiny Committee</p> |