

Working Protocol between the People Scrutiny Committee and NHS Southend Clinical Commissioning Group

1. Background

- 1.1 The People Scrutiny Committee ('the Scrutiny Committee') is a Committee of Southend-on-Sea Borough Council and which acts as the Health Scrutiny Committee. The Scrutiny Committee fulfils the Council's responsibilities under 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013' to have a health scrutiny provision.
- 1.2 Guidance to support local authorities and their partners to deliver effective health scrutiny was published in June 2014 – see [here](#)
- 1.3 The “primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services”.
- 1.4 The Scrutiny Committee has the power to 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. The Scrutiny Committee can refer matters via full Council to the Secretary of State. All commissioners and providers of publicly funded health and social care are covered, as well as policies arising from the Joint Strategic Needs Assessment (JSNA) and Health & Wellbeing Strategy (HWBS).

2. Introduction

- 2.1 Strong working relationships need to be developed and maintained between the Scrutiny Committee and the NHS Southend Clinical Commissioning Group (hereafter referred to as 'CCG'). The aim is to achieve this by maintaining an open, honest and respectful attitude towards each other and operating on the basis of 'no surprises'.
- 2.2 In practical terms this depends on ongoing communication, liaison around forward planning and programmes and agreement between the Scrutiny Committee and the CCG on processes for the scrutiny function. Regular informal meetings will also be held between the Scrutiny Committee Chairman (or nominee) and the CCG to enable issues to be discussed.
- 2.3 Health Scrutiny operates in two ways:-
 - Proactive – to maintain an overview of and to scrutinise local health care issues.
 - Reactive – to respond to local health service commissioners and / or providers' consultations about proposed substantial changes to local services.

This Working Protocol applies in both circumstances.

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2.4 Working protocols have also been developed between the Scrutiny Committee and Healthwatch Southend and between the Scrutiny Committee and the Southend Health & Wellbeing Board¹

3. Communication

3.1 The named contact point for health scrutiny at Southend-on-Sea Borough Council is:-

Fiona Abbott, Health Scrutiny Lead officer

Tel: 01702 215104

Email: fionaabbott@southend.gov.uk

The Health Scrutiny Lead officer acts as the first point of contact for any issue that a CCG may wish to raise with the Scrutiny Committee or its Chairman.

3.2 The named contact points for health scrutiny at the CCG is:-

Sadie Parker Communications and Engagement

Tel:

Email: Sadie.parker@nhs.net

www.southendccg.nhs.uk

3.3 Routine communication from the Scrutiny Committee to the CCG will include:

- the updated work programme when available which will be sent to the named CCG contact, and anyone else at the CCG who requires it.
- the named CCG contact, and anyone else at the CCG who requires it, to receive email alerts when the Scrutiny Committee agenda papers and minutes are published on the website.

3.4 The CCG will:-

- At an early stage, seek the Scrutiny Committees' views on whether it considers proposed changes to health services to be 'substantial' and whether formal consultation with the Scrutiny Committee is required.
- Provide early notice if arranged appearances at the Scrutiny Committee need to be delayed and state the reasons for the delay.
- Respond positively to urgent requests from the Scrutiny Committee for information or attendance at a meeting if it is possible to do so.

4. Consultation on substantial changes to service²

4.1 In the case of substantial developments or variation to services which are the commissioning responsibility of CCGs or NHS England, consultation is to be done by NHS commissioners (rather than providers) i.e. by the relevant CCG(s) or NHS England.

4.2 Where the Scrutiny Committee has decided that local proposals for change to local NHS funded services are 'substantial', the proposer of the change will be

¹ This protocol is currently in draft

² 'substantial' – to be taken in its ordinary & natural meaning

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required to consult the Scrutiny Committee. Consultation with the Scrutiny Committee should be treated as separate from consultation with the Council / Executive, or with the public / patients.

- 4.3 The Regulations require timescales to be provided to health scrutiny bodies and to be published by the proposer of substantial developments or variations. The scrutiny committee will respond in writing to the body undertaking the consultation.
- 4.4 Where a relevant NHS body or health service provider consults more than 1 Local Authority's health scrutiny function about substantial reconfiguration proposals, a Joint Committee will be appointed.

5. Notice period for information and attendance at meetings

- 5.1 The Scrutiny Committee will give 20 working days notice, except in very urgent circumstances, of its requirement for:-
- Written information (in line with the Freedom of Information Act)
 - A CCG representative to attend a meeting

Requests will be made in writing (email) and the reasons for the requests will be provided.

6. Scrutiny reports and recommendations

- 6.1 Local NHS commissioners and providers of NHS funded services have a duty to respond to reports and recommendations made by the Scrutiny Committee within 28 working days of receiving them. A longer timescale may be agreed between the Scrutiny Committee and the CCG to allow time for the CCG Governing Body or other relevant CCG body to consider the scrutiny report (see 6.3).
- 6.2 The CCGs' response should address each of the recommendations made, indicating whether the recommendation is agreed, partially agreed or not agreed. If any recommendation is not agreed or only partly agreed, then the reasons for this should be clearly stated.
- 6.3 Where the Scrutiny Committee makes substantial recommendations for action to a CCG it is expected that the scrutiny report will be included on the CCG Governing Body agenda and the Chairman, or other representative of the Scrutiny Committee, will be invited to present the report briefly to the Governing Body and take part in the discussion.

7. Referrals to the Secretary of State for review

- 7.1 Proposed substantial changes may be referred to the Secretary of State in writing for review if the Council considers that:-

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- (a) it is not satisfied with the adequacy of content of the consultation with the authority
- (b) it is not satisfied that sufficient time has been allowed for consultation
- (c) it considers that the proposal would not be in the interest of the health service in the area; , or
- (d) it has not been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

7.2 Referral to the Secretary of State will be treated as an action of last resort. The Scrutiny Committee will notify the CCG if they plan to send a referral to the Secretary of State. Efforts will always be made negotiate agreed actions that address concerns and are acceptable to the change proposer before a referral is considered. NHS England may be involved in this process.

*Councillor James Moyies
Chairman
People Scrutiny Committee*

*Dr Paul Husselbee
Clinical Chief Officer
NHS Southend CCG*

Dated: 14th October 2014

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