

## **Local Authority Health Scrutiny Consultation**

### **SUMMARY**

- 1.1 This report summarises proposed changes to health scrutiny powers contained in the Local Authority Health Scrutiny Consultation launched by the Department of Health on 12 July. The proposed changes include requiring the full council to agree to refer contested NHS reconfigurations to the Secretary of State.

### **RECOMMENDATION**

- 2.1 To consider and comment on the proposals contained in the Local Authority Health Scrutiny Consultation.

### **REASONS FOR RECOMMENDATION**

- 3.1 The Department of Health is consulting on its proposed revisions to the local authority health scrutiny functions. The consultation process gives the scrutiny committee an opportunity to influence future regulations and any associated guidance.

### **SUPPORTING INFORMATION**

- 4.1 The Health and Social Care Act 2001 required local authorities with social services, to ensure their overview and scrutiny committee(s) had the power to scrutinise matters relating to NHS health services. The 2001 Act also placed duties on NHS bodies in relation to health scrutiny, including the requirement to consult with health scrutiny committees on any proposal they may have for substantial developments or variations to local services. Further Regulations published in 2002 provided health scrutiny committees with powers to make referrals to the Secretary of State on inadequate consultation, or where the committee believed the proposals were not in the best interests of the local health service.
- 4.2 The Health and Social Care 2012 Act has significantly changed the way NHS Health Services operate and new regulations are being prepared to update the functions and powers of local authority health overview and scrutiny. The new regulations will:

- a. Confer health scrutiny functions on local authority itself rather than on an overview and scrutiny committee specifically;
  - b. Extend the scope of health scrutiny to relevant NHS bodies and relevant health service providers
- 4.3 The Department of Health is consulting on proposed changes to functions of the health scrutiny committees relating to service reconfiguration and the referral process which it feels will strengthen and streamline health scrutiny. The proposal will require:
- a. local authorities to publish a timescale for making a decision on whether a proposal will be referred;
  - b. local authorities to take account of financial considerations when considering a referral;
  - c. the introduction of a new intermediate referral stage for referral to the NHS Commissioning Board for some service reconfigurations;
  - d. the full council of a local authority to discharge the function of making a referral.
- 4.4 The consultation closes on 7 September. Members are asked to consider and give their views to the questions listed in appendix 2.

## OTHER OPTIONS CONSIDERED

5.1 None.

<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Mahroof Hussain 01332 643647 e-mail mahroof.hussainn@derby.gov.uk None Appendix 1 – Implications Appendix 2 – Consultation Questions Appendix 3 - Local Authority Health Scrutiny Consultation
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**This report has been approved by the following officers:**

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	Phil O'Brien – Statutory Scrutiny Officer
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<b>IMPLICATIONS</b>
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### **Financial and Value for Money**

- 1.1 None arising directly from this report.

### **Legal**

- 2.1 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.
- 2.2 The Health and Social Care Act 2012 has made a number of changes which affect health scrutiny function

### **Personnel**

- 3.1 None arising directly from this report

### **Equalities Impact**

- 4.1 Effective scrutiny benefits all Derby people.

### **Health and Safety**

- 5.1 None arising directly from this report

### **Environmental Sustainability**

- 6.1 None arising directly from this report

### **Asset Management**

- 7.1 None arising directly from this report

### **Risk Management**

- 8.1 None arising directly from this report

### **Corporate objectives and priorities for change**

- 9.1 Our aim is to work together so that Derby and it's people will enjoy a thriving sustainable economy, good health and well-being and an active cultural life.

## Annex A - Consultation Questions

- Q1. Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons.
- Q2. Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?
- Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your view.
- Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?
- Q5. Would there be any additional benefits and drawbacks of establishing this intermediate referral?
- Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?
- Q7. Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.
- Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?
- Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?
- Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?
- Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?