



DERBY CITY COUNCIL

## ADULT SERVICES AND HEALTH COMMISSION 11 September 2006

Report of the Director of Corporate and Adult Social Services

### Local Definition of Substantial Variation or Development in NHS health services

#### RECOMMENDATION

- 1.1 To consider and comment on the draft consultation form to act as trigger for statutory consultation on substantial variations or reconfigurations by the NHS bodies
- 1.2 Subject to any changes by the Commission, authorise consultation with the stakeholders before adopting the form

#### SUPPORTING INFORMATION

- 2.1 NHS health bodies are required under section 7 of the Health and Social Care Act 2001 to consult with health overview and scrutiny committees –OSCs, on any proposals they may have for substantial variation or development of health services. The Health Scrutiny Guidance published by the Department of Health in support of the Act encourages health bodies to discuss the proposals at an early stage of the developments. The guidance also states that where the OSC are not satisfied that the consultation is adequate, they have the power to refer the NHS to the Secretary of State or in the case of the Foundation Trust to the Monitor. The power of referral only applies to the consultation with the OSC and the health bodies have a separate responsibility to consult the Patients and the Public under Section 11 of the Act.
- 2.2 The Commission has been debating this issue since the very beginning and took a conscious decision in 2003 not to set a rigid definition on what constitutes substantial variation or development and to look at each change on its merit. It felt that setting a tight definition could be restrictive and may allow some significant changes to be missed.
- 2.3 This position has worked reasonably well, with health partners often consulting the Commission on substantial changes to their services, such as changes to GP surgeries. However, this process has to some extents relied on the health bodies to decide on the changes they think are substantial and bringing them to the attention of the Commission. There may have been changes to some services that may have merited scrutiny and may have been missed by the Commission. The

Derbyshire Mental Health Services Trust for example made a number of changes to its services both within and outside the city that affected Derby residents but did not consider it necessary to consult the Commission. The Commission learnt of the changes from service users and conducted a detailed review which found that the Trust should have consulted Commission as well as the patients and the public.

- 2.4 According to the Centre for Public Scrutiny (CfPS) a third of authorities with responsibility for health scrutiny have agreed criteria for identifying whether an issue was in fact substantial. Their research indicates that a lack of agreement on a local definition of substantial might lead to uncoordinated and ineffective scrutiny. CfPS therefore encourages OSCs and the NHS bodies to agree a method of evaluating the need for formal consultation.
- 2.5 At the last meeting of this Commission members agreed to retain the right for them to decide which changes are considered to be substantial. The Commission also agreed to develop guidelines on the type of changes the NHS bodies should bring to the attention of the Commission to consider.
- 2.6 It is therefore appropriate to develop a formal process that acts as trigger for NHS health bodies to consider whether any changes to their services need to be considered by this Commission. This practice is adopted by a number of Health Scrutiny Committees.
- 2.7 The Department of Health Guidance states that in deciding whether the proposal is substantial the following issues should be considered:
  - **changes in accessibility of services**, for example both reductions and increases on a particular site or changes in opening times for a particular clinic. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including relocation of services. Thus there should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location;
  - **impact of proposal on the wider community** and other services, including economic impact, transport, regeneration;
  - **patients affected**, changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal

services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial;

- **methods of service delivery**, altering the way a service is delivered may be a substantial change – for example moving a particular service into community settings rather than being entirely hospital-based. The views of patients and patients' forums will be essential in such cases.

## Triggers for consultation

- 2.8 In order to help the health bodies to decide whether the change is substantial, they may consider the following questions:
- will the change in service affect accessibility to services in terms of increase in travel time, greater cost to patients, change in opening/closing time of clinics
  - What number and proportion of patients or public will be affected
  - Is it a speciality service that meets an important regional/national need
  - have the patients and public been consulted on the proposals and if so how
  - is the change temporary and if so how long before it is put back to original or better state
  - will the method of service delivery change such as moving a particular service from acute to community setting
  - will the change impact on services on the wider community
- 2.9 It is suggested that the Commission develops a consultation form along the lines shown in Appendix 2. This is based on a similar form used by Derbyshire County Council which some bodies already have an experience of completing. This form would need to be completed by the health bodies on occasions when they consider making changes to a service that may be considered substantial. The form asks for details of the proposed change to enable the Commission to respond effectively to the statutory consultation requirement.
- 2.10 The CfPS observes that no matter how useful a protocol or tool can be, it is important to have an agreement between the parties. It is therefore suggested that views of the health bodies on the form are sought prior to the Commission adopting the final form.

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<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 - Implications Appendix 2 – Consultation Form

<b>IMPLICATIONS</b>
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**Financial**

1. None arising from this report.

**Legal**

2. Section 7 of the Health and Social Care Act 2001 requires NHS health bodies to consult with health overview and scrutiny committees on any proposals they may have for substantial variation or development of health services.

**Personnel**

3. None arising from this report.

**Equalities impact**

4. Effective scrutiny will benefit all Derby people.

**Corporate Priorities**

5. This report links with Council's priority for 2006-09 to build healthy and independent communities, by:
  - improving the health of our communities
  - improving the standard of social care for vulnerable adults and older people
  - delivering joined up services for children and young people that meet the needs of the local community

**ADULT SERVICES AND HEALTH COMMISSION**  
**NHS SERVICE RECONFIGURATIONS CONSULTATION FORM**

NHS health bodies are required under section 7 of the Health and Social Care Act 2001 to consult with health overview and scrutiny committees on any proposals they may have for substantial variation or development of health services. Please complete this form if you are considering making changes to services that:

- affects accessibility of patients and the public to services- This may be in terms of increase in travel time, greater cost to patients, change in opening/closing time of clinics
- affects a significant proportion of patients or public
- Is a speciality service and meets an important regional/national need
- Require consultation with the patients and public
- More than just a change temporary change and how long it will take for the service to be put back to original or better state
- Affects the method of service delivery such as moving a particular service from acute to community setting
- impacts on the wider community

**SECTION 1**

Name of organisation:

Information provided  
by:

Contact details:

Dated:

**Background information**

1.1 Please outline the nature of the proposed service reconfiguration

- 1.2 What will the proposed service reconfiguration mean for patients and the public?
- 1.3 Please provide a copy of the project programme, illustrating the project timeline and key milestones.
- 1.4 Is there any further information you want to provide at this stage?

## **SECTION 2 – Further information**

The following information will assist the Health Overview and Scrutiny Committee to determine its response to service reconfiguration.

### **Strategic relevance and evidence base**

- 2.1 Is the proposed service reconfiguration in context with the stated aims and objectives of your organisation?
- 2.2 How will the service reconfiguration enhance the health of local communities?
- 2.3
  - a. What is the evidence base for the service reconfiguration?
  - b. Is the proposal in line with 'good practice'?
- 2.4 How does the service reconfiguration complement your partner organisations' aims and objectives?

### **Finance**

- 2.5
  - a. What is the cost of the service reconfiguration?
  - b. Is the project affordable, short term and long term?
- 2.6 What is the source of funding for the service reconfiguration?
- 2.7 Are there any direct service changes linked to the proposal so that it can be funded, e.g. service reductions, delays in new services?

## **Human Resources**

- 2.8 What is the impact on the current workforce?
- 2.9 What are the human resource demands within the service reconfiguration proposals?
- 2.10 Will you be able to recruit sufficient trained and experienced staff to deliver the newly reconfigured services?
- 2.11 What are the plans for workforce development?  
The Trust has a Workforce Development Plan in place for each of its service areas and the Workforce Plan will apply to the new services.

### **Any other comments?**

- 2.12 Please use this space to add any further comments relating to the proposed service reconfiguration.

## **SECTION 3 – Detailed information, with a patient and public perspective**

### **Consultation**

- 3.1 a. Who has been consulted so far?  
b. Why have you consulted these groups?  
c. What questions were asked?
- 3.2 a. Who will you consult in the future, as part of your consultation programme?  
b. Why will you consult these groups?  
c. What questions will you ask?
- 3.3 a. What information have you gathered so far from your consultation programme? (key points, themes and issues)  
b. How do you plan to respond to these emerging point, themes and issues?
- 3.4 What are the views of the Patient and Public Involvement Forums?

### **Changes in Accessibility of Services**

- 3.5 Please set out how the proposed service reconfiguration impacts upon the accessibility of services from the patient and public perspective.

Is an existing service being withdrawn or modified resulting in reduced access or changes in access?

### **Impact of the proposed service reconfiguration on the wider community**

3.6 Please set out the impacts of the proposals on the wider community:

Environmental impact

Employment impact

Inequalities impact

Impact on other organisations

You may want to provide an environmental or health impact assessment, or similar supporting evidence

### **Patients affected**

3.7 Please set out how the proposed service reconfiguration impacts upon patients, carers (if appropriate) and other members of the public.

### **Methods of service delivery**

3.8 Please set out plans to vary the existing form of service delivery – from an organisational and patient perspective. Further provision of information on the link between the patient care pathway and the service reconfiguration is essential.

FOR FURTHER INFORMATION PLEASE CONTACT:

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