



DERBY CITY COUNCIL

ADULT SERVICES AND HEALTH COMMISSION

12 March 2007

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 adopt a form for statutory consultation by the NHS bodies on substantial variations or reconfiguration to their services.

SUPPORTING INFORMATION

- 2.1 NHS health bodies are required under section 7 of the Health and Social Care Act 2001 to consult with their local health overview and scrutiny committees (OSCs) on any proposals they may have for substantial variation or development of their health services. At the September meeting of this Commission, Members considered establishing a trigger mechanism for the health bodies to contact the Commission on instances when they were considering making changes or developments to their services which could be deemed substantial. This involved designing a consultation form to be completed by the health bodies.
- 2.2 The form discussed by the Commission is split into two sections. The first section asks for basic information about the proposed change to enable members to consider whether the proposals are substantial. If on receiving the first section members require further information, the health bodies will be asked to complete the second section. This will allow the Commission to give its considered response to the proposed changes.
- 2.3 The proposed form was sent to the local NHS health bodies for their comments and their responses are shown appendix 2. In summary:
 - The Derby Hospitals Foundation Trust is broadly happy with the proposed form but feels the questions on finance and human resources are leading. The Trust feels the questions should focus on outcomes
 - The Derby Primary Care Trust welcomes the approach where the health bodies complete section 1 initially and

section 2 only of necessary. However it suggests since health bodies are required to submit a form to the Government on significant variances, the Commission should consider adopting the same form to minimise duplication for them.

- The Derbyshire Mental Health Trust welcomes the Commission’s attempt to provide clarity and feels it is a step in the right direction. However, it feels that the decision to resist setting a definition on what constitutes a substantial reconfiguration is not helpful. The Trust is concerned that the forms create a bureaucracy and potentially slow down the rate at which change can be made.

2.4 There is merit in some of the comments of the health bodies. The Commission could look at strategic issues and only consider the impact but the legislation also provides responsibility for the scrutiny of the operational aspects of the NHS. In response to the Mental Health concerns, it would be useful to define ‘substantial’, however, members have always felt that they did wish to be tied down and would consider each change on its merit. Furthermore, the first section of the form gives health bodies some guidance on the type of changes that need to be presented to the Commission for comment. The Government has also been reluctant to define the word substantial as it could mean different things to different people. In any case, the first section of proposed form is relatively short and only asks for the basic information to help members determine whether the change is substantial. This shouldn’t take up too much time for the health bodies to complete.

2.5 In following up the comments by the Derby PCT, the Strategic Health Authority, NHS East Midlands was also consulted and asked to provide a copy of their form. In its response, the SHA supports the Commission’s proposed form and states that “we would encourage all PCTs to complete your form which should make the evaluation process easier”. The SHA also states that their database is very different and is maintained for a different purpose and in any case it would not be too onerous for them to complete a form for the Scrutiny Commission. The SHA have requested that we provide them with a copy of the completed form on receiving it from the health bodies.

2.6 Members are asked to consider the responses and agree a form they wish the health bodies to use for consultation on significant changes or developments to health services.

For more information contact:	Mahroof Hussain 01332 255597 e-mail Mahroof.hussain@derby.gov.uk
Background papers:	None
List of appendices:	Appendix 1 - Implications Appendix 2 - Consultation Form Appendix 3 – Reconfiguration form used by East Midland SHA Appendix 4 – Responses of the health bodies

IMPLICATIONS

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 2007-10 to help us all to be healthy and active.

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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