

# Lewisham Health and Social Care Scrutiny Protocol

## 1. Purpose of protocol

- 1.1 Local Authorities have an important statutory role in monitoring the performance and the development of Health services in their area. In Lewisham this function is carried out by the Healthier Communities Select Committee (HCSC). Overview and Scrutiny should also help to develop a positive relationship between the Council and the wider health community.
- 1.2 This protocol seeks to set out how the Healthier Communities Select Committee (hereafter “the Committee”) will fulfil this role and should be read in conjunction with the Committee’s Terms of Reference, the Council’s Constitution and Member Code of Conduct.
- 1.3 This protocol will provide detailed guidance as to how the Committee will discharge its responsibilities, and how the Committee will interact with local NHS bodies and Lewisham LINK when they are discharging those of their responsibilities that require interaction with the Committee. It further outlines what is expected of local NHS bodies within those interactions.

## 2. Effective Scrutiny

- 2.1 The Centre for Public Scrutiny (CfPS) Good Scrutiny Guide defines four principles of effective public scrutiny.

These propose that good scrutiny:

- provides “critical friend” challenge to executive policy makers and decision makers
- enables the voice and concerns of the public and its communities
- is carried out by “independent minded governors” who lead and own the scrutiny process
- drives improvement in public services

These are the principles that will underpin the work of the Committee.

- 2.2 The CfPS also provides a useful set of questions to help prioritise items for a scrutiny work programme:

- is there a clear objective for scrutinising this topic – what do we hope to achieve?
- does the topic have a potential impact for one or more section(s) of the population?
- is the issue strategic and significant?
- is there evidence to support the need for scrutiny?
- what are the likely benefits to the council and its customers?

- are you likely to achieve a desired outcome?
- what are the potential risks?
- are there adequate resources available to carry out the scrutiny well?
- is the scrutiny activity timely?

2.3 The Committee will have consideration for these questions when selecting topics for scrutiny. They will also consider whether reviewing a topic would:

- Address health inequalities
- Offer the potential for involving local people and organisations
- duplicate the work of the many performance assessment and management bodies covering the work of local NHS bodies

2.4 Once a topic has been selected for scrutiny, in line with these principles and after consideration of these questions, the reasons for the scrutiny and the details required from the relevant officers will be clearly outlined to the Council department and/or NHS trust being required to provide a report/evidence.

### **3. Legal Responsibilities**

3.1 The Lewisham Healthier Communities Select Committee (HCSC) has clear Terms of Reference (TOR), as outlined in the Constitution by which it:

“fulfils all Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers given to the Council’s Overview and Scrutiny Committee by the Health and Social Care Act 2001 and regulations made under it and any other legislation in force from time to time”<sup>1</sup>

3.2 Under Section 7 of the Health and Social Care Act 2001, a duty was placed on local NHS organisations to consult overview and scrutiny on any proposal for a substantial development or substantial variation in the provision of services. Neither the legislation nor the guidance defines what constitutes a substantial development or variation in service. NHS bodies and overview and scrutiny committees were advised to aim for a local understanding of the definition, taking into account:

- a) changes in accessibility
- b) the impact of the proposal on the wider community
- c) patients affected
- d) methods of service delivery

3.3 The National Health Service Act 2006 and The Local Government and Public Involvement in Health Act 2007 further detail the responsibilities of local Overview and Scrutiny Committees and NHS organisations.

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<sup>1</sup> The Constitution of the London Borough of Lewisham, Amended April 2008

3.4 Confidential or exempt information will be treated in accordance with the Local Government Act 1972 (as amended), and the requirements of the Data Protection Act, Freedom of Information Act and the Health and Social Care Act 2001.

3.5 Referral to the Secretary of State

It is recognised that HCSC has the power to make a referral to the Secretary of State where it believes that:

- a consultation has been inadequate in relation to the content or time allowed
- the reasons given for not consulting, in cases where there is a perceived risk to the safety or welfare of patients or staff, are inadequate
- the proposals are not in the interests of the health service in the area

3.6 Following the consultation exercise the NHS body shall consider the outcome and notify the Committee of its decision on the proposal.

3.7 Upon receipt of the NHS body decision the Committee shall determine whether or not to invoke its powers under Regulation 4(5) or 4(7).

3.8 HCSC will only utilise its power to refer a matter to the Secretary of State, as a last resort, after seeking to resolve matters first with the relevant NHS body (or bodies).

#### **4. Conduct of Meetings**

- Meetings of HCSC will be open to the public except where confidential information may be disclosed.
- Reports will be presented as appropriate. Officers from the NHS trusts and the Council will be expected to answer the questions of the Committee.
- Different approaches and locations may be used depending on the circumstances.
- Agendas will be circulated as public documents five clear working days before meetings in line with the Council's Constitution. Copies will be sent to all local NHS Trusts and the LINK
- As with all Scrutiny Committees in Lewisham, the HCSC will produce an annual work programme that is discussed and shared with local health bodies, including patients forums and the LINK. The plan will identify priority issues for a given period and also build in capacity for HCSC to respond to consultations on service reconfigurations or to issues raised by the local patients' forums and the LINK.
- The outcome of scrutiny exercises will be passed directly to relevant health organisations and such organisations will be expected to consider any recommendations and report back the outcome of such consideration.

## 5. HCSC will:

- maintain a positive style of questioning and treat witnesses with courtesy.
- familiarise themselves with the subject under review prior to calling witnesses. Members will be prepared to undertake training if it is deemed necessary.
- ensure their scrutiny of service changes and wider topics takes account of the national policy and government directives driving the service changes, yet focus their scrutiny on the local implementation of the national policy/directive to and the areas of implementation to which they can have a positive impact for local people.
- maximise public accessibility to the scrutiny process and its outputs.
- Hold regular agenda planning meetings with Council officers and nominated officers from all local NHS bodies to discuss and agree the items to be scrutinised and the requirements of the Committee in terms of reports and consultation.
- Provide details of dates and venues for all agenda planning meetings throughout the municipal year to NHS trusts at the start of each municipal year or as soon as available.
- Carry out their responsibilities in line with their obligations in the Members Code of Conduct.
- Provide all NHS Trusts and the LINK with the proposed dates of all Committee meetings at the beginning of the municipal year.
- ask the LINK for their views on items they are considering, allowing enough time for responses to be pulled together.
- provide an acknowledgement of LINK referrals within five working days of receipt, advising the LINK of the date of the Committee meeting that the matter will be discussed at and inviting the LINK to make representations at that meeting.
- provide a formal response to LINK referrals, outlining the action the Committee will take, and the reason for that action, within seven working days of the Committee meeting at which the referral was considered.
- Invite local NHS Trusts to propose topics for inclusion in the annual work programme.
- Ensure that when making a written report to an NHS body (other than responses to consultation on proposed substantial variations/developments in NHS services), the report shall include:
  - an explanation of the matter reviewed or scrutinised
  - a summary of the evidence considered
  - a list of the participants involved in the review or scrutiny
  - any recommendations on the matter reviewed or scrutinised.
- Circulate final reports and recommendations to Mayor and Cabinet, other Council committees and relevant organisations as the Committee determines relevant.

## **6. Local NHS trusts will:**

- Ensure a designated senior officer attends every HCSC Committee meeting to give evidence and answer questions
- Regularly attend agenda planning meetings with the Chair to:
  - provide early notification of any upcoming service developments
  - provide completed Impact Assessments for consideration
  - discuss the items planned on the work programme to be scrutinised at the upcoming meeting and ensure a clear understanding of the Committee's requirements of the Trust in terms of information required
- Produce reports as requested by the Committee that address the area of concern as outlined at agenda planning
- Ensure all reports include information regarding Equalities Impact Assessments carried out within the area being scrutinised
- Ensure all reports clearly advise the Committee of what patient and public involvement has been carried out in relation to the area being scrutinised
- Provide reports to the Committee's scrutiny manager six working days before the Committee meeting at which the item is to be scrutinised
- Maintain a positive and objective style of discussion and answer questions honestly and openly
- Use jargon-free language as far as possible
- respond within a period of 4 weeks to reports and recommendations received from the Committee.

## **7. Lewisham LINK will:**

- nominate 2 specific Executive members to attend HCSC meetings
- share its work programme with the Committee
- share the contents of its annual report, for information, with HCSC, prior to it being made public and submitted to the Secretary of State
- produce a summary report every 6 months outlining all Enter and View visits undertaken with brief details of any issues raised and provide to HCSC for information
- provide formal referrals to the Chair of the Committee and the Committees Scrutiny Manager 8 working days in advance of the next scheduled Committee meeting
- set up a process that allows it to represent participants' views to HCSC
- bear in mind the role of Ward Councillors when deciding its response to local issues

## **8. Substantial Variations or developments to services**

- 8.1 In reaching the agreement outlined in this protocol as to how substantial variations will be dealt with locally, HCSC and local NHS Trusts undertake to:

- Ensure that this is a clear and transparent agreement, easily understood by all the parties.
- Maintain a common threshold of what determines a substantial variation or substantial development and to enable that threshold to be reviewed on a periodic basis.
- Simplify the process of assessment and consultation.
- Ensure the involvement of patients and the public in the process through the appropriate Patient groups and Lewisham LINK

The parties accordingly agree the following:

## **8.2 Principles governing Consultation and Assessment**

- 8.2.1 The NHS bodies shall notify HCSC and the relevant Patient group and LINK at a formative stage of any proposals for service change. The purpose being to provide early notice of possible changes and to obtain any preliminary views on whether the proposal is likely to amount to a significant change or variation.
- 8.2.2 The NHS bodies will follow Cabinet Office guidelines on good practice for consultation in all consultation exercises, and will follow Department of Health “Changing for the Better” guidance when undertaking major changes to NHS services, unless otherwise agreed by the parties. NHS bodies will make the Committee aware of any government guidance issued superseding these documents.
- 8.2.3 HCSC and local NHS bodies all note the duty to consult and involve patients and the public (including relevant user/carer/patient or voluntary groups) conferred on NHS bodies by Section 242 of the National Health Service Act 2006. Furthermore the parties acknowledge that focusing consultation solely with the Committee would not constitute good practice.
- 8.2.4 The relevant NHS Trust(s) shall:
- Ensure awareness within their organisation of the need to consult.
  - Identify a lead manager or clinician to co-ordinate the process.
  - Ensure that patients and the public are involved in the planning, development and operation of services, as required under S242 of the NHS Act (2006)
  - Ensure that any proposals for variations or developments in service include the Impact Assessment detailed below.
  - Where the variation or development in service covers more than one NHS Body, ensure that one of those bodies shall lead the assessment process on behalf of the others and only one assessment will be undertaken in that the impact is assessed from the perspective of all affected persons, including patients and carers and the NHS Bodies and local authority.

## **8.3 Substantial variation or development - Impact Assessment**

The determination of what constitutes a substantial variation or substantial development in service will be based on a scored impact assessment process (scored evaluation matrix template at Appendix A) carried out by the NHS body and

applying the criteria set out in section 8.4 and ensuring that the impact is assessed from the perspective of all affected persons, including patient and carers (including the patients forum), the NHS bodies and local authorities concerned.

In determining whether or not a proposal amounts to a substantial variation or substantial development all parties will have regard to guidance issued from time to time by the Secretary of State and the impact of the change as assessed in accordance with the criteria set out in section 8.4 and as outlined in the completed Impact Assessment

## **8.4 Assessment Criteria**

The Impact assessment will be undertaken having regard to the following criteria;

- a) changes in accessibility
- b) the impact of the proposal on the wider community
- c) patients affected
- d) methods of service delivery

8.4.1 Changes in Accessibility includes consideration of:

- Reductions and/or Increases in services on a particular site
- Local provision/accessibility
- Relocation of Services (e.g. moving a ward from one place to another)
- Withdrawal of Service, (e.g. closing a well-established service, in-patient, day patient or diagnostic facilities)

8.4.2. The impact of the proposal on the wider community includes consideration of:

- Transport, e.g. the movements of the public, patients, staff and goods/supplies
- Community Safety, (e.g. on crime (fear of), domestic violence)
- Local Economy, (e.g. such as shops)
- Environment
- Regeneration (e.g. the potential to inhibit and/or contribute to regeneration of the area)

8.4.3 Patients affected includes consideration of:

- Number of Patients/Carers to be affected by the change
- Proportion of Patients/Carers Affected (the magnitude of the patients/carers affected compared to the service overall)
- Equality and Diversity (the impact on issues such as ethnicity, gender, age)

- Social Exclusion (the impact the change will have on access, life expectancy)
- views from the relevant Patients Forums, LINk or other relevant carer/patient/voluntary groups

8.4.4 Methods of Service Delivery includes consideration of:

- Change in Setting, (e.g. moving a service from the hospital setting to the community setting or vice versa)
- Change in technology, (e.g. advances in technology permitting conditions to be treated with drugs instead of surgery)
- Change in Practitioner, (e.g. expanding/extending the role of nurses to provide care previously provided by doctors)
- Change in Care Process, (e.g. moving to one stop clinics from multiple visits to the surgery or hospital)

8.4.5 The financial implications for both the NHS trust and the Local Authority and other organisations should also be considered, as well as the cumulative effect of the proposed changes taken with other variations or developments, (whether or not they were originally viewed as "substantial" in themselves) which have been implemented within the previous 2 years

8.4.6 The parties acknowledge that the scored evaluation matrix shall be used to inform any decision as to substantial variation or change, but shall not necessarily be conclusive, and that the relevant professional advisers of the NHS body, local authorities and HCSC shall use their professional judgement in reaching and advising HCSC on any conclusions and decisions they make as to whether a change is substantial.

8.4.7 For the avoidance of doubt it is acknowledged that this agreement is not intended to apply to minor/routine operational/day to day decisions, or to variations or changes which are of a temporary nature (for example to address short term resource issues) unless early assessment of the proposed changes indicates that there may be a significant impact on one, or more, of the four assessment criteria areas.

## 8.5 Executing the Impact Assessment

8.5.1 The relevant NHS body shall:

- arrange for the impact assessments to be carried out by or on behalf of both itself and the relevant Patients forum (or user/carer/patient/voluntary group to offer view on its behalf), and/or LINk.
- be responsible for consulting with all other agencies (including relevant departments of local authorities) insofar as necessary to address the Assessment Criteria
- Where an impact assessment indicates that the proposed service variation or development is substantial, refer the proposal for consultation to HCSC together with:



the NHS Bodies plan or business case for the service development or variation

a copy of the impact assessment and supporting evidence

8.5.2 In the event an NHS body concludes, following an impact assessment, that a proposal does not amount to a substantial change or variation, the NHS Body (while under no statutory duty to do so) shall nonetheless notify the Committee at the earliest opportunity of the proposal and supply a copy of their assessment, (together with any assessment carried out by a relevant user/carer/patient/voluntary group).

## **8.6 Responding to Impact Assessments and proposed variations**

8.6.1 Upon receipt and consideration of an impact assessment the Committee (either itself or through the authorised member at agenda planning) shall (without prejudice to its rights under Regulations 2(1) and 4(7)) determine the following;

- whether or not it considers all relevant issues have been properly addressed
- if not, what further matters should be considered or considered further
- whether or not it agrees with the conclusion of the impact assessment
- if not, where it disagrees, and
- the nature and extent of consultation to be undertaken

8.6.2 For the avoidance of doubt, where a Committee, upon receipt of an impact assessment, and contrary to the views of the NHS body, forms a view that the proposal amounts to a substantial variation or development, the NHS body shall;

- carry out the consultation required under Regulation 4 in respect of that proposal, and
- defer any action on the implementation of the proposal pending the conclusion of the said consultation and the proper consideration of its outcome.

8.6.3 HCSC has authorised the Chair, in consultation with the Vice-Chair and any relevant non-voting advisory members, to express a view on the above matters on behalf of the Committee, at agenda planning meetings. Such discussions will be supported by the relevant Scrutiny Manager (and legal officer as appropriate) and will be reported to the next meeting of the Committee.

8.6.4 In all circumstances where it is agreed that a proposed service variation/development is substantial, the NHS body/bodies will allow sufficient time for HCSC to be convened and for the members of the Committee to have adequate time in which to construct a response. The consultation period will normally be three months unless otherwise agreed between the NHS body and the Committee.

8.6.5 The Committee shall:

- ensure that effective supporting arrangements are in place to deal with referrals from NHS Bodies.
- Ensure that any necessary Joint Committee arrangements are in place following notification of an issue which requires a joint committee to be established
- Ensure the awareness within the local government body of the need of the NHS to consult.
- Identify a lead officer and member of the Committee to co-ordinate the process.
- Respond to referrals within 31 calendar days with an indication of whether or not the NHS body's conclusion is agreed and the further action (if any) it proposes
- Respond to NHS consultation within the stipulated timescale, and if it does not support the proposals, it will provide reasons and evidence for its view
- Sign off the service variation if it is satisfied with the information it has received from the NHS body and no additional information is required.
- Request additional information/request the length of the consultation period to be extended or ultimately refer the matter to the Secretary of State for determination if the Committee is not satisfied with the information supplied by the NHS body it may.
- Refer the matter to the Secretary of State, should the Committee be minded to. The relevant NHS body will be given the opportunity to respond to the Committee's comments and an effort at local resolution will be made.

## **Appendix A**

### **Impact Assessment – scored evaluation matrix template**

#### **Appropriateness and exceptions**

The impact assessment is a tool which should be used to demonstrate that due consideration has been given to service development. Its intended use is in circumstances where clarity is required to demonstrate whether a change requires or does not require public consultation.

#### **The impact assessment should not be used in cases where there is to be -**

- No impact on services
- Re-provision of services on same site or equally accessible site
- Incontestable improvement to services and is in line with local and national NHS policy
- Temporary service relocation due to environmental or health and safety grounds.

Changes which occur as a result of the above will be notified to HCSC on a meeting by meeting basis.

#### **The impact assessment should be used in cases of**

- Uncertainty whether a change is “substantial” or not
- Where the service move has an impact on accessibility
- Where a temporary relocation becomes a permanent change of location

This Impact Assessment forms a significant part of the process used by the NHS and HCSC to decide whether changes proposed constitute a “substantial variation” of service.

If a decision is made that the changes do constitute a “substantial variation” of service, formal consultation with the HCSC (and potentially with the wider public) is necessary.

The Impact Assessment needs to be completed at an **early and formative** stage in the development of the proposals or discussion around service change - not at a stage when it is too late to make changes to the process.

The Lewisham Hospital NHS Trust, South London and Maudsley NHS Trust or Lewisham PCT needs to score the form below to support the Impact Assessment - there is also an opportunity to comment on the issues this creates.

A score is also required from a group of people affected by the changes (eg patients, users or carers) before it can be submitted. The Trusts or PCT will need to identify

and agree who will do this - for example it may be the local user group they are working with on the proposed changes, an involved voluntary group or the LINK.

This is to demonstrate that the views of some of those affected by the change are incorporated in this part of the process. This is consistent with a Trusts or PCTs legal responsibility to involve and consult people who use services in the planning, operation and delivery of services.

This form and the Impact Assessment scores will be forwarded to HCSC for consideration.

## Impact Assessment Form

<b>1. Impact Assessment Details:</b>	
Lewisham Primary Care Trust / The Lewisham Hospital NHS Trust / South London and Maudsley NHS Trust	
<b>Name of proposal or service development:</b>	
<b>Name of Trust person completing the form:</b>	
<b>Name of Patient Forum, LINK or other patient/user/carer/voluntary group completing supporting Impact assessment:</b>	
<b>Date Impact Assessment scores completed:</b>	
<b>2. Please briefly describe the scope of the proposal or service development:</b>	
<b>3. Comments from the Service Provider on the Impact Assessment scores:</b>	
<b>4. Comments from the LINK, patient/user/carer/Patient Forum or voluntary group on the Impact Assessment scores:</b>	
<b>Submitting NHS contact point for HCSC officer:</b>	
<b>Tel no -</b>	<b>E Mail -</b>
<b>Date Impact Assessment forms submitted to HCSC:</b>	

The scoring shall be undertaken on a seven point scale, ranging from major negative impact (-3) to major positive impact (+3), using the matrix set out below.

A service variation or development shall be considered substantial where any aspect is deemed to have a major negative impact (i.e. scored -3) or where there are two medium impact scores in the same numbered section.

**Scoring chart**

<b>Impact Range</b>	-3	Major negative impact
	-2	Medium negative impact
	-1	Minor negative impact
	0	No impact
	+1	Minor positive impact
	+2	Medium positive impact
	+3	Major positive impact

1. Changes in Accessibility

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Reduction/Increase on particular site, or opening times			
B	Local Provision Accessibility esp disadvantaged or hard to reach groups			
C	Relocation of Service due to medical development, efficacy or efficiency			
D	Relocation of aspects of specialist care			

## 2. Impact on the Wider Community

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Economic impact			
B	Transport			
C	Regeneration			

## 3. The Patient Population affected

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Does it affect the whole community?			
B	Is it a small group accessing specialist services			
C	Is it a group requiring continual access over significant periods of time?			

## 4. Method of Service Delivery

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Change in Setting – e.g. hospital based to community			