Oxfordshire Joint Health Overview and Scrutiny Committee Framework for Assessing Substantial Change

1. Purpose:

NHS bodies and health service providers have a duty to consult health scrutiny bodies on substantial variations and developments of health services. This document sets out a framework for assessing substantial change in Oxfordshire and has been created in line with the Department of Health's (DH) Local Authority Scrutiny Guidance (2014) and the Centre for Public Scrutiny health scrutiny guidance (2005).

Under Section 7 of the Health and Social Care Act (2001) the NHS is required to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. A 'substantial variation or development' of health services is not defined in regulations. This framework is designed to help Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) to help identify whether proposed variations or developments in services are 'substantial'.

2. Process:

Notification

 At the earliest possible stage, the NHS or health service provider responsible for the proposed change should initiate early dialogue with OJHOSC.

Arrange Meeting • The body responsible should arrange a meeting with OJHOSC representatives. The quorum of the meeting will be the same as formal meetings of OJHOSC as per theOJHOSC constitution. No substitutes will be permitted given the sensitivity of issues to be discussed.

Prior to Meeting

 All OJHOSC members should be sent detailed information regarding the proposals. The body responsible should complete the toolkit and send it to all members of OJHOSC prior to the meeting.

Meeting

• The NHS or health service provider responsible should go through the toolkit with OJHOSC at the meeting and discuss whether they believe the proposed service change or development is substantial. This does not constitute a formal meeting of the committee, therefore any outcomes would need to be stated at the next avaliable OJHOSC.

After the Meeting All OJHOSC members should be informed of the outcome of the meeting and given a record of the meeting.

3. Assessment Framework

A. Background Information
Name of responsible (lead) NHS or relevant health service provider:
Brief description of the proposal (please include information about timelines and whether the proposed change is temporary or permanent):
Why is this change being proposed? What is the rationale behind it?
What are the main factors driving the change? Please indicate whether they are clinical factors, national policy initiatives, financial or staffing factors.
How does the change fit in with the wider strategic direction of healthcare in Oxfordshire and the Health and Wellbeing Board?
Description of population affected:
Date by which final decision is expected to be taken:
Confirmation that HOSC have been contacted regarding change - including. date and nature of contact made:

B. Assessment Criteria
Legal Obligations: Have the legal obligations set out under Section 242 of the consolidated NHS Act 2006 to 'involve and consult' been fully complied with?
Yes/No (please delete as appropriate)
Comments:
Stakeholder Engagement : Have initial responses from service users (or their advocates) and other stakeholders such as Healthwatch indicated whether the impact of the proposed change is substantial?
Yes/No (please delete as appropriate)
Stakeholder Engagement: Does the service to be changed receive financial or 'in kind' support from the local community?
Yes/No (please delete as appropriate)
Stakeholder Engagement: Is there any aspect of the proposal that is contested by the key
stakeholders? If so what action has been taken to resolve this?
Staff Engagement: Have staff delivering the service been fully involved and consulted during the preparation of the proposals?
Yes/No (please delete as appropriate)
Staff Engagement: Do staff support the proposal?
Yes/No (please delete as appropriate)
Patient Impact: Does the proposed change of service has a differential impact that could widen health inequalities (geographical, social or otherwise)?
Yes/No (please delete as appropriate)
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Patient Impact: How many people are likely to be affected?
Patient Impact: Will the proposed change affect patient access? If so how? Yes/No (please delete as appropriate)
res/No (piease delete as appropriate)
Patient Impact: How will the proposed change affect the quality and quantity of patient
service?
Patient Impact: Does the proposal appear as one of a series of small incremental changes
that when viewed cumulatively could be regarded as substantial?
Patient Impact: How will the change improve the health and wellbeing of the population affected?
anecteu:
Wider Impact: Will the proposed changes affect: a) services elsewhere in the NHS
b) services provided by the local authorities, c) services provided by the voluntary sector?
Standards: How does the proposed change relate to the National Service Framework
Standards?
Risk: What mitigations are in place to reduce any potential negative impacts of the proposed change?
onango:

C. Outcome/Decision
Le this considered to be a circuitional above by provider?
Is this considered to be a significant change by provider?
Yes/No (please delete as appropriate)
Is this considered to be a significant change by HOSC?
Yes/No (please delete as appropriate)

4. Possible Outcomes:

Consultation is Required

- If the NHS body or health service provider and OJHOSC representatives agree that the proposal does represent a substantial service change or development, the formal consultation with OJHOSC should commence.
- HOSC must be provided with: The date by which the responsible person intends to decide whether to take the proposal forward.
- The date by which the responsible **person** requires the health scrutiny body to provide any comments. **N.B.** It is expected that any formal consultation would be undertaken by the commissioner of the service.

Consultation is Not Required:

- If the NHS body or health service provider and OJHOSC representatives agree that the proposal does not represent a substantial service change or development, then formal consultation with OJHOSC is not required.
- Best practice is that the NHS body or health service provider should continue to engage scrutiny and the public in the development of the proposal and onwards to public consultation in accordance with Section 242 requirements.

Agreement Cannot Be Reached:

- If agreement cannot be reached between the NHS body or health service provider and OJHOSC representatives, then all reasonable, practicable steps should be taken towards local resolution.
- Further meetings may be conducted with wider OJHOSC members or other stakeholders such as Healthwatch, carer/user groups, the voluntary sector.
- If it continues to be impossible to reach agreement both sides may jointly or severally pursue the options open to them under their respective statutory instruments, such as escalation to the Secretary of State or to the provider's Board.

N.B. The OJHOSC representatives may prefer not to make a final decision about whether formal consultation is required at the meeting and choose to notify the organisations involved once a decision is made.

5. Note on Consultation Processes

The Department of Health's (DH) Local Authority Scrutiny Guidance (2014) states the following in relation to consultation processes:

"The duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals should be seen in the context of NHS duties to involve and consult the public. Focusing solely on consultation with health scrutiny bodies will not be sufficient to meet the NHS's public involvement and consultation duties as these are separate. The NHS should therefore ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals. There should be engagement with the local community from an early stage on the options that are developed."

- ➤ It is therefore understood that the process of assessing substantial change should take place as part of broader meaningful engagement with local communities
- ➤ The relevant health organisation is responsible for engaging and consulting all relevant local people. It is expected that this will include locally elected representatives where the service change will have an impact (parish, district, county and MPs).