

**TELFORD & WREKIN COUNCIL**

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**

**DATE 7<sup>th</sup> AUGUST 2012**

**RESPONSE TO DEPARTMENT OF HEALTH'S CONSULTATION ON  
LOCAL AUTHORITY HEALTH SCRUTINY**

**REPORT OF SCRUTINY GROUP SPECIALIST**

**1.0 PURPOSE**

- 1.1 To enable the Health and Adult Social Care Scrutiny Committee to consider and agree a response to the Department of Health's consultation for proposals for Local Authority Scrutiny.

**2.0 RECOMMENDATIONS**

- 2.1 That the Committee consider the Department of Health's consultation document attached as Appendix 1
- 2.2 That the Committee considers the draft response attached as Appendix 2 and agrees a final response.

**3.0 PREVIOUS MINUTES**

- 3.1 None

**4.0 BACKGROUND INFORMATION**

- 4.1 Following the Health and Social Care Act the Department of Health has issued an 8 week consultation on the regulations for Health Scrutiny. The consultation recognises that " health scrutiny has been an effective means in recent years of improving both the quality of services, as well as the experience of people who use them. There is much that is good within the existing system on which to build." (p.5) It is recognised that strengthening health scrutiny is one of the mechanisms proposed to increase accountability and enhance public voice in health and that it is important that the new NHS bodies are made subject to effective scrutiny and held to account.

## **5.0 CONSULTATION QUESTIONS AND DRAFT RESPONSE**

5.1 The consultation sets out that the aims of health scrutiny are to identify whether:

- The planning and delivery of healthcare reflects the views and aspirations of local communities
- All sections of a local community have equal access to health services
- All sections of a local community have an equal chance of a successful outcome from health services
- Proposals for substantial service change are in the best interests of local health services

5.2 The changes to the Health Scrutiny that have already been made under the Health and Social Care Act (2012) are set out in Section 32 in the consultation document attached in Appendix 1. The document sets out that these changes are not subject to further consultation.

5.3 The Department of Health is proposing changes around service reconfiguration and referral to the Secretary of State:

- Requiring local authorities to publish a timescale for making a decision on whether a proposal will be referred
- Requiring local authorities to take account of financial considerations when considering a referral
- Introducing a new intermediate referral stage for referral to the NHS Commissioning Board for some service reconfigurations
- Requiring the full council of a local authority to discharge the function of making a referral

5.4 The consultation document sets out 11 questions relating to these proposals. A draft response to these questions is set out in Appendix 2.

## **6.0 EQUAL OPPORTUNITIES**

6.1 There are no specific equal opportunity impacts arising from this report.

## **7.0 ENVIRONMENTAL IMPACT**

7.1 There are no specific environmental impacts arising from this report.

## **8.0. LEGAL COMMENT**

- 8.1 There are no legal implications arising from this report. Any changes necessary as a result of the outcome of the consultation will be reported to future meetings.

## **9.0 LINKS WITH CORPORATE PRIORITIES**

- 9.1 Health Scrutiny relates to a number of Cabinet Priority and service areas. Under the arrangements proposed by the Department of Health the Scrutiny committee with responsibility for Health Scrutiny will retain the power to make reports and recommendations to the local authority in any matter that it scrutinises.

## **10. OPPORTUNITIES AND RISKS**

- 10.1 The consultation by the Department of Health offers an opportunity for The Scrutiny Committee to influence the development of regulation and guidance.

## **11. FINANCIAL IMPLICATIONS**

- 11.1 There are no specific financial implications arising from the recommendations within this report.

## **12. WARD IMPLICATIONS**

- 12.1 There are no specific ward implications arising from this report.

## **13. BACKGROUND PAPERS**

- 13.1 None

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