



Health Scrutiny Committee
15 November 2012

Ways of Working

Purpose of the report: Policy Development

This report presents a new way of working for the HSC, starting in May 2013.

Introduction:

1. Each year, the five acute hospital trusts, ambulance trust and mental health trust in Surrey are required to submit what is known as a Care Quality Account (CQA). This is an account of their performance over the past year in terms of patient experience, safety and quality. It includes a set of priorities for the next year and an account of how the trust has met the priorities it set for itself in the previous year.
2. Health Scrutiny is governed by legislation and subsequent regulations. The last regulations were published in 2003. Following passage of the Health and Social Care Act 2012, a new set of regulations will be published in the new year. These regulations set out the duties of NHS bodies in terms of consulting local health overview & scrutiny committees (HOSCs) on service reconfigurations identified as 'substantial variation.' They also give the HOSC its power to refer matters to the Secretary of State.
3. The Health Scrutiny Committee has not previously had a robust process for responding to CQAs. It has also not had a protocol/working agreement between NHS bodies and the HSC with principles for consulting on 'substantial variation.' The implementation of the wide-ranging reforms in the Health and Social Care Act 2012 represents an excellent opportunity to renew and refresh the Health Scrutiny Committee, ensuring a credible, engaged HSC in future.

Care Quality Accounts

4. The NHS trusts in Surrey send their CQA to the Scrutiny Officer in the spring of each year. Previously, a simple email was sent thanking the

trust for sending the CQA and encouraging them to work with the HSC on any relevant scrutiny in the next year. This is recognised as not a robust way of responding and some trusts have expressed disappointment with the way in which the HSC engaged with them on CQAs in years past.

5. The CQA is a Department of Health requirement and can be a large document. Within it, the most important element for the HSC is the performance of the trust in relation to a set of priorities. Each year, the trust refreshes this and identifies key priorities for the next year. It is these priorities on which the HSC is asked to comment. It is also these priorities on which the HSC ought to monitor the trusts.

The Process

6. The process will begin in January/February 2013. Each trust will send through a simple template (**Annex 1**) setting out their initial thinking on what the priorities will be for the next year. For this first time, the documents will be shared with the whole HSC for any comment.
7. At the May 2013 meeting of the HSC, the Scrutiny Officer will invite members to join Member Reference Groups for each NHS trust, of which there are seven. It is suggested that, for the acute hospital trusts, members select the hospital nearest or within his/her division. The mental health trust and ambulance trust are county-wide so any member may join these groups. It is suggested that the groups be no more than four members and no fewer than two.
8. These MRGs will then be tasked with meeting with their trust throughout the year to monitor their priorities. The arrangements for the meetings will vary by trust with some coinciding with meetings of the Council of Governors or LINK, for example. The meetings will be arranged by the Scrutiny Officer and Committee Assistant. Each MRG will be expected to report back to the full Committee on this monitoring.
9. In January/February 2014, the template with emerging priorities will be sent through again. Rather than being sent to the whole HSC, each MRG will be responsible for reviewing it.
10. In spring 2014, when the draft CQAs come in for HSC comment, each MRG will be responsible for filling in the attached commentary (**Annex 2**). It sets out how the trust has engaged with the HSC over the year, any specific involvement on scrutiny topics or meetings and then allows the MRG (on behalf of the HSC) to provide specific comment on each of the trust's priorities for 2014/15.
11. The cycle will then start again in May 2014. Members may wish to remain on their respective MRGs or some may wish to move to another one. There may also be a change in membership of the Committee that will need to be addressed.

Consultation with NHS trusts

12. The Chairman and Scrutiny Officer have begun meeting with the relevant officers in each acute trust, the ambulance trust and the mental health trust to discuss the implementation of this process. Thus far, feedback has been positive and the trusts are encouraged that the HSC will be more directly involved in years to come.

Protocol

13. Health scrutiny relations with the NHS are governed by the NHS Act 2006 (as amended by the Health Social Care Act 2012) and subsequent regulations. The legislation and regulations set out specific duties of NHS bodies in consulting a HOSC on 'substantial variation' and what the HOSC can require of the NHS in carrying out its scrutiny functions. The Health and Social Care Act 2012 now confers powers directly onto the Council rather than the HOSC. New regulations will be published in the new year to reflect the changes to the health system in regards the new CCG commissioning arrangements.
14. Most local authority HOSCs have had in place a protocol, concordat or working agreement between it and the NHS bodies within its area. This document sets out general principles on how the HOSC will be consulted according to the regulations. There is no clear definition of 'substantial variation,' rather it is up to each NHS and HOSC to agree. As such, a protocol sets out some ground rules on how this will be dealt with, should a major service reconfiguration need to take place.
15. Surrey's HSC has not had such a protocol in place before now. There has not been occasion to need one, as there has not been the need for a large-scale public consultation on a major service reconfiguration. Now is the perfect time to put such a protocol in place, as it will be beneficial to establish a good working relationship with CCGs from the outset.
16. The protocol will cover proposals for service change made by commissioners and providers. As such, the protocol will be agreed with all CCGs, all acute hospital trusts, the ambulance trust and the mental health trust.

Consultation with NHS bodies

17. The Chairman and the Scrutiny Officer have discussed the setting of a protocol with the NHS trusts during discussions of the new CQA process. As with the CQAs, feedback has been positive.
18. The current version is in draft (this was sent to members as a background paper) and has not yet been shared with the relevant NHS bodies. When the Chairman and Scrutiny Officer have met with all NHS trusts, it will be shared with them when the templates for the CQA process are sent. This is likely to be in December or January.
19. There is an intention to set up introductory meetings with each CCG in February/March. Similar to the arrangements for the MRGs, members will be invited to attend an introductory meeting for the CCG that covers his/her division. More details on this will follow in the new year. The

protocol will be shared with the CCGs in January/February prior to these meetings.

Conclusions:

20. The implementation of a more robust process for responding to Care Quality Accounts and the setting of a protocol between the NHS and the Committee will add weight to the Committee's credibility.
21. Some Trusts have expressed disappointment with the level of engagement they have had with the HSC in years past, specifically on CQAs. They have welcomed the new process and its higher level of member engagement.
22. While the lack of a protocol has not been a detriment to the Committee in the past, the setting of one now puts the Committee on good ground with the NHS in the years to come should any large-scale reconfiguration occur.
23. The intention for the signing of the Protocol will be a public event with all NHS trust Chief Executives, all CCG Accountable Officers, the Chairman of the Committee and the Head of Democratic Services. There will be liaison with Surrey's Communications team in an effort to get press coverage and raise the profile of the Committee.

Recommendations:

24. The Committee is asked to endorse the new process for handling Care Quality Accounts and the development of a Protocol.

Next steps:

December 2012 – draft Protocol and CQA templates shared with NHS trusts
January/February 2013 – draft Protocol shared with CCGs
January/February 2013 – first emerging priorities documents are sent in
February/March 2013 – introductory meetings with CCGs are held
March 2013 – Protocol signed
1 April 2013 – CCGs take on commissioning responsibilities
May 2013 – Council elections
May 2013 – first meeting of new Health Scrutiny Committee, formation of CQA MRGs

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Sources/background papers: