Merton Council

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda

Membership

Councillors:

Councillor Anita Schaper (Chair)
Councillor Ian Lewer (Vice-Chair)
Andrew Howard
Councillor Annamarie Critchard
Councillor Zully Grant-Duff
Councillor Sherwan Chowdhury
Councillor Edward Joyce
Peter McCabe
Councillor Munir Ravalia
Councillor Colin Stears
Councillor Andy Stranack
Councillor Matthew Hull
Councillor Richard Warren
Councillor Nick Darby

Co-opted members:

Substitute Members:

Date: Wednesday 30 January 2019

Time: 7.00 pm

Venue: Room 3.1&3.2 - 120 Broadway Wimbledon SW19 1RH

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda please contact or telephone.

All Press contacts: communications@merton.gov.uk, 020 8545 3181

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda 30 January 2019

7 South West London Health Scrutiny Trigger Document

1 - 8

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.



Report to:		South West London and Surrey County Council Joint Health Scrutiny Committee		Date: 30 January 2019	
Report title:		Trigger template for plans to changes to health services			
Report from:		David Olney, Statutory Scrutiny Officer			
Ward/Areas affected:		Borough Wide			
Chair of Committee/Lead Member:					
Author(s)/Contact Number(s):		David Olney 020 8770 5207			
Corporate Plan Priorities:		 Being Active Making Informed Choices Living Well Independently Keeping People Safe 			
Open/Exempt:					
Signed:	Dowld	Olky		Date:	23 January 2019

1. Summary

1.1 A trigger document has been prepared so that local NHS colleagues would be able to provide the relevant local authority scrutiny bodies with early notice and information about possble changes to health services affecting one or more of the authority areas.

2. Recommendations

The Committee is recommended to:

Agree the trigger template.

3. Background

3.1 Change in health services is unavoidable and necessary. This report and the attached trigger document sets out an approach for situations where there are plans for changes to health services across the South West London area so that the relevant local NHS Commissioners can engage with the appropriate Local Authority scrutiny functions.



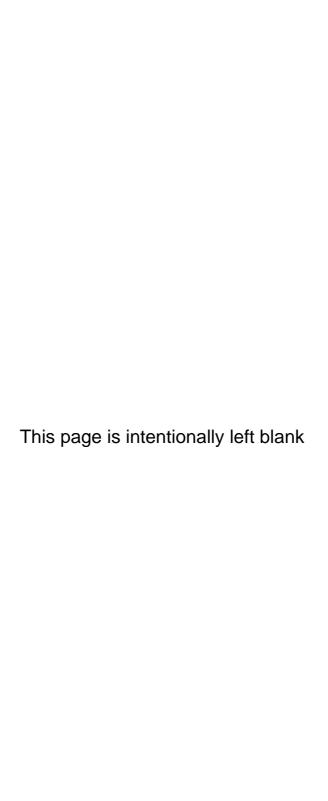
- 3.2 In some circumstances the proposed or possible changes may need oversight from local health scrutiny either as an individual authority or on occasions, where the change may affect more than one area, a number of authorities.
- 3.3 The trigger document approach provides a way for NHS commissioners to share information about possible changes at an early stage in their thinking.
- **3.4** In broad terms, three levels of change may be identified:
 - (i) Minor changes that are undertaken as part of routine management in order to address identified problems or bring about service improvements. For such very minor changes, it is unlikely that any specific consultation or engagement process will be required;
 - (ii) Changes that go beyond routine management but are still relatively minor in nature. For such changes, engagement with service users and other stakeholders may be necessary, but a formal consultation process is unlikely to be required;
 - (iii) Changes involving a substantial reconfiguration of services, on which there should be formal consultation in accordance with the relevant health scrutiny regulations.
- 3.5 The purpose of the document is to help local agencies share information early in the process before formal consultation might be triggered and to assist local agencies in agreeing into which category a proposal falls.
- 3.6 Early completion of those parts of the trigger document which it is possible for commissioners to provide will be helpful, it is not expected that the document needs to be fully completed before submission. The value of the document and the approach taken by both commissioners and Local Authority scrutiny is dependent on the exercise of common sense and the readiness of all parties to adopt a proportionate approach. This is important as there is no formal definition of a substantial reconfiguration.
- 3.7 The South West London Health and Care Partnership has agreed in principle to the trigger document and its use and is in the process of taking it to the constituent CCGs board meetings for agreement.

4. Appendices and Background Documents

Appendix letter	Title
А	Trigger template



Audit Trail						
Version 1	Final	Date: 23 January 2019				
Background documents						



South West London and Surrey County Council Joint Health Scrutiny Committee and South West London Health and Care Partnership Trigger document.

This trigger form is to be used by SWL HCP, and where appropriate it's constituent CCGs, to provide information about possible changes to health service provision in the area.

The form should be sent to the relevant area scrutiny committee Chair and support officer as soon as practically possible when a change which may be substantial is being considered.

TRIGGER TEMPLATE

NHS Trust or body & lead officer contacts:

Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant, explain the respective responsibilities and provide officer contacts:

Trigger

Please comment as applicable

1. Reasons for the change & scale of change

What change is being proposed?

Why is this being proposed?

What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.

Are you planning any patient and public participation activities (engagement or consultation)?

Please briefly describe what stakeholders you will be engaging with and how. If you have already carried out consultation please specify what you have done.

Are you building on any existing sources of patient and public insight or data?

2. Are changes proposed to the accessibility to services?

Changes in opening times for a service

Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location

Relocating an existing service

Changing methods of accessing a service such as the appointment system etc.

Briefly describe:

3. What patients will be affected?

Briefly describe: (please provide numerical data)

Changes that affect a local or the whole population, or a particular area in the borough.

Changes that affect a group of patients accessing a specialised service

Changes that affect particular communities or groups

Impact on people and communities across the nine protected characteristics (plus carers). How will disadvantages be minimised or positive impacts

enhanced?	
Impact on reducing health inequalities between patients – access and outcomes	
Has an Equality and Health Inequalities Analysis been done or planned? If so how and when? How will you ensure that seldom heard communities or those experiencing health inequalities are involved?	

4. Are changes proposed to the range or methods of service delivery?

Briefly describe:

Impact on range of services provided

Delivering care using new technology

Reorganising services at a strategic level

5. What impact is foreseeable on the wider community?

Briefly describe:

Impact on other services (e.g. children's / adult social care)

What is the potential impact on the financial sustainability of other providers and the wider health and social care system?

6. What are the planed timetables & timescales and how far has the proposal progressed?

Briefly describe:

What is the planned timetable for the decision making

What stage is the proposal at?

What is the planned timescale for the change(s)

7. Substantial variation/development

Briefly explain:

Do you consider the change a substantial variation / development?

Have you contacted any other local authority OSCs about this proposal?

