

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

Agenda Item 7

Brighton & Hove City Council

Subject:	Health & Wellbeing Overview & Scrutiny Committee (HWOSC) Work Programme 2012-13		
Date of Meeting:	12 June 2012		
Report of:	The Strategic Director, Resources		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report sets out proposals for developing a 2012-13 work programme for the HWOSC, with reference to the work plans of Council policy committees, the draft city Joint Health & Wellbeing Strategy priorities, priority areas for local NHS commissioners and providers, and the views of key partner and stakeholder organisations.

2. RECOMMENDATIONS:

- 2.1 That The Health & Wellbeing Overview & Scrutiny Committee agrees to develop a work programme in accordance with the procedure suggested in XXXX of this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The HWOSC has four distinct areas of work:

- (a) Statutory scrutiny of NHS-funded healthcare commissioning and provision
- (b) Scrutiny of the local Health & Wellbeing Board
- (c) Scrutiny of local Adult Social Services
- (d) Scrutiny of local Children's Services

3.2 (a) Statutory scrutiny of NHS-funded healthcare commissioning and provision

3.2.1 Local Authority Health Scrutiny committees (HOSCs) have statutory powers (under the 2006 NHS Act) to scrutinise the commissioners and providers of NHS-funded healthcare services for local residents. Local (and regional/national) NHS bodies are required to consult with the relevant HOSC(s) when planning to make 'substantial variations or improvements' to their services. The HOSC work programme will therefore need to reflect:

- (1) local NHS commissioner plans to make significant service changes
- (2) local NHS provider plans to make significant service changes
- (3) other areas of local NHS commissioning/provision that HWOSC members consider of importance
- (4) areas of regional/national NHS commissioning/provision which in the opinion of HWOSC members may have an impact on local people (e.g. commissioning of specialist services)
- (5) Very major regional/national developments in NHS policy or planning – e.g. that will impact significantly upon local services.

3.2.2 In order to reflect the above areas in its work planning, the HWOSC will need to consult with local NHS commissioners and providers, including: the Brighton & Hove Clinical Commissioning Group (CCG), NHS Sussex, the NHS Commissioning Board (NCB), Brighton & Sussex University Hospitals Trust (BSUH), Sussex Partnership NHS Foundation Trust (SPFT), Sussex Community Trust (SCT), and the South East Coast Ambulance Service (SECamb). Whilst a good deal of NHS planning is done in advance, some is unavoidably reactive or in response to in-year initiatives etc. The HWOSC work programme will therefore need to be flexible enough to respond to NHS requests for issues to be tabled at relatively short notice.

3.2.3 Statutory NHS consultation with HOSCs may only be undertaken with individual HOSCs (or with a formally constituted joint HOSC: JHOSC). However, members should be aware that there is an existing network of South East Coast HOSC Chairs and lead officers (Brighton & Hove, West Sussex, East Sussex, Surrey, Kent and Medway) which informally considers and responds to regional/national NHS initiatives (e.g. around specialist commissioning) where it is felt that there is unlikely to be strong interest at an individual HOSC level.

3.3 (b) Scrutiny of the local Health & Wellbeing Board

3.3.1 The 2012 Health & Social Care Act requires local authorities to establish local Health & Wellbeing Boards (HWBs) by April 2013. HWBs will be responsible for: the local Joint Strategic Needs Assessment (JSNA); a local Joint Health & Wellbeing Strategy (JHWS); promoting better co-working/integration between health and social care services; and facilitating local resident and stakeholder engagement in decision-making in health and social care. The HWB must be held to account for its decisions, particularly in relation to its ownership of the city Joint health & Wellbeing Strategy (JHWS). Since there is an overlap between Shadow HWB membership and that of the Council's Adults and Health and Children & Young People policy committees, these committees cannot effectively hold the HWB to account, and this duty falls naturally to the HWOSC.

3.3.2 The Shadow HWB will agree a JHWS for the city which will identify some key health, public health and social care priorities and set outcomes targets for service improvements in these areas. Council (and NHS) commissioners will be expected to reflect these JHWS priorities in their commissioning plans. The shadow HWB is not itself directly responsible for individual commissioning plans, and, as a 'high-level' board, will not be directly engaged in scrutinising commissioning plans. There is an obvious role here for the HWOSC in ensuring that key city commissioning plans do in fact pay due regard to the JHWS priorities.

3.3.3 In order to reflect the above area in its work planning, the HWOSC will need to bear the JHWS priorities in mind when developing its work programme, and may wish to scrutinise any commissioning plans that relate directly to achieving JHWS goals. The HWOSC may also wish to liaise with the shadow HWB to ensure that the committee's respective work programmes are effectively integrated.

3.4 (c) Scrutiny of local Adult Social Services and (d) Scrutiny of local Children's Services

3.4.1 Under the new system of governance for the city council, the HWOSC has subsumed the adult social care and children's services functions of the former Adult Social Care & Housing and Children & Young People Overview & Scrutiny Committees. However, under the new system, there will also be cross-party policy committees looking at these areas (e.g. the Adult Care & Health and Children & Young People committees). In order not to duplicate the work of the Council's policy committees, it has therefore been agreed that, in areas where both policy and O&S committees have overlapping remits, O&S committees should concentrate on 'commissioning' member-led scrutiny panels to conduct in-depth investigations of specific issues, leaving the day-to-day discussion of matters to the members of the relevant decision-making committee.

3.4.2 In the areas of ASC and children's services therefore, the intention is for HWOSC to be a commissioning body, meaning that, with the exceptions of considering whether to establish scrutiny panels, receiving panel reports etc, the HWOSC work programme will not routinely feature these issues.

- 3.4.3 In some instances it may not be entirely clear whether a matter should come to a decision-making committee, the HWOSC, or to both. For example, for some jointly commissioned services, the Council's decision-making processes may require the matter to be considered by Adult Care & Health or the Joint Commissioning Board, while NHS processes require consultation with the local statutory health scrutiny committee: HWOSC. When planning the HWOSC work programme, the HWOSC Chair will meet with his counterparts on decision-making committees to manage these cross-cutting issues.
- 3.4.4 In planning its work programme the HWOSC will need to be aware of the work programmes for relevant decision-making committees – e.g. Adult Care & Health, Children & Young People, Joint Commissioning Board and may need to agree a pathway for cross-cutting issues with the Chairs of those committees and/or NHS commissioners. The HWOSC work programme will need to be flexible enough to accommodate in-year requests for scrutiny panels on any relevant topic, but particularly in respect of the HWOSC's adult social care and children's services responsibilities.

3.5 Other Stakeholders

- 3.5.1 In addition to co-ordinating the HWOSC work programme with those of the committees and organisations detailed above, it is our intention to ask for work programme ideas from:
- (a) HWOSC members
 - (b) HWOSC co-optees – e.g. the LINK, the Youth Council, the Older People's Council and the CoE/Catholic diocesan representatives (and by extension the organisations they represent)
 - (c) Other elected members of the city council
 - (d) The local Community & Voluntary Sector Forum.
- 3.5.2 There is no intention to canvass members of the public directly. However, there is an annual appeal to city residents/organisations for ideas to inform scrutiny panels, and ideas submitted to this could influence the work programme. In addition, there are opportunities at every committee meeting for members of the public to table issues via Public Questions, Petitions etc.

3.6 Proposal for Work Programme

- 3.6.1 It is proposed that we invite ideas for the HWOSC work programme from: HWOSC members; HWOSC co-optees (and the organisations they represent); other elected members of the Council; Chairs of relevant policy committees; senior council officers (including the statutory Directors of Adult Social Services, Children's Services and Public Health); NHS commissioners; NHS providers; CVSF; the Local Strategic Partnership; and the shadow HWB.

- 3.6.2 A sub-group of HWOSC members (e.g. a member representing each political group) will then meet, with input from NHS and council commissioners, to determine which of the submitted ideas will be taken forward by the HWOSC in 2012-13. (Some ongoing issues from the former HOSC, ASCHOSC and CYPOSC may also need to be added to the work programme.) This sub-group will also determine the agenda for the July 2012 HWOSC meeting. The sub-group will devise its own methodology for assessing work programme submissions, but will be expected to consider suggestions in terms of corporate priorities, the draft Joint Health & Wellbeing Strategy priorities and equalities considerations.
- 3.6.3 A report, based on the findings of this sub-group will then be brought for endorsement to the July 2012 HWOSC.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 None to date, but intentions to consult on the work programme are detailed in points 3.1 to 3.6 to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 All HWOSC activity for 201-13 will be funded via current Scrutiny team budgets.

Legal Implications:

- 5.2 Agreeing a work plan is provided for in the council's overview & scrutiny committees' terms of reference. HWOSC is therefore acting within its authority to agree the recommendation at 2.1 above.

Lawyer Consulted: Oliver Dixon

Date: 01/06/2012

Equalities Implications:

- 5.3 The HWOSC sub-group (proposed in 3.6.2 above) will consider equalities issues when agreeing a draft work programme.

Sustainability Implications:

- 5.4 None identified.

Crime & Disorder Implications:

- 5.5 None identified.

Risk and Opportunity Management Implications:

- 5.6 None identified.

Public Health Implications:

5.7 None identified

Corporate / Citywide Implications:

5.8 The sub0group assessing work programme submissions will be expected to take corporate and citywide (e.g. LSP) priorities into account when agreeing a draft work programme.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Other options would include a less inclusive process – e.g. one where a work programme was agreed by committee members with no external consultation. Although easier to manage, such a process would fail to engage with the broader community and would risk being un-integrated with the work plans of other committees and bodies.

7. REASONS FOR REPORT RECOMMENDATIONS

[Main grounds for the decision that is being sought, justifying why the recommendations should be approved. This information is required by Regulations].

7.1 Agreeing the report recommendations will allow the HWOSC to begin the process of work planning. A robust work programme is key to engaging effectively with partners, particularly external partners, and ensuring that resources are used efficiently.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

