

Local Authority Health Scrutiny: Proposals for Consultation

Proposed Response to Consultation Questions

- Q1** Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons
- Q2** Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

*In response to questions 1 and 2 there are pros and cons. A requirement to publish timescales may be welcome providing those timescales are reasonable and not a moveable feast. If the timetable is too fluid then this could lead to more work and unnecessary correspondence which would not be beneficial to either party.*

*This may also prove difficult and time consuming for Joint Health Overview and Scrutiny Committees (Joint HOSC) if there was a requirement to get formal agreement for changes to timescales from all Local Authorities forming part of any Joint HOSC prior to timescales being amended.*

- Q3** Do you consider it appropriate that financial considerations should form part of local authority referrals. Please give reasons for your view.

*One would presume that this kind of information would be available to Health Overview and Scrutiny Committees as part of their evidence gathering and that they would take into consideration all information and weigh up whether the financial need for change outweighed any other reasons for changing a service.*

*Any Health Overview and Scrutiny Committee would need to fully understand the situation as a whole and have all the evidence to hand before choosing to make a referral; this would include any financial reasons for a proposed service change.*

*To require the Health Overview and Scrutiny Committee to have regard to the financial situation before allowing a referral to the Secretary of State places an unreasonable burden on us. Without financial expertise and analytical resource most referrals could be halted by the health provider simply saying service changes are required for financial reasons.*

*Referrals to the Secretary of State are a last resort for Health Overview and Scrutiny Committees and are not undertaken lightly.*

**Q4** Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?

**Q5** Would there be any additional benefits and drawbacks of establishing this intermediate referral?

**Q6** In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?

*On the surface this appears to just be an extra layer of bureaucracy to navigate. Requiring some referrals to be heard by the NHS Commissioning Board before going to the Secretary of State may simply be an additional hurdle. Further clarification is needed on this aspect*

*There are also questions still to be asked about how independent the NHS Commissioning Board will be? They will necessarily be supportive of Clinical Commissioning Groups thus not making them a wholly impartial body. Again further clarity is needed.*

**Q7** Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.

*No, scrutiny should be non-partisan and this would add an overtly political layer.*

*The requirement for any referral to be made by full council places an additional barrier in the way of the Health Overview and Scrutiny Committee operating effectively. Time at full council meetings is already short, health arguments can often be complex and there is a significant danger that decisions could become party political.*

*It would add an unwelcome extra layer and the Health Overview and Scrutiny Committee should be trusted to make the judgement on whether something needs to be referred to the Secretary of State or not.*

*However, if Health Scrutiny is to become a function of the Council (who will no longer necessarily have to have a Health Overview and Scrutiny Committee) then there will need to be a mechanism to make referrals to the Secretary of State – however we are not convinced that full council should be this mechanism due to its political nature.*

*In addition to this and in the case of Joint HOSCs it would be very time consuming and impractical for all Local Authorities involved if each individual authority sitting on any Joint HOSC had to take a referral back to their own full council meeting. Bearing in mind many Local Authorities only have a full council meeting every 2 months this could directly counteract what is trying to be achieved by the proposals at Questions 1 and 2 in this consultation.*

*Also in the case of Joint HOSCs what would happen if all of the Local Authorities didn't agree to the referral? Who would have the ultimate decision on whether something should be referred if agreement didn't take place at all full councils?*

*Both Health Overview and Scrutiny Committees and Joint HOSCs are powerful tools. There is a danger that this proposal would undermine the acquired skills, knowledge and experience that Members of these Committees currently have.*

- Q8** Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

*Many Health Overview and Scrutiny Committees currently use this mechanism willingly and there are clear directions in place; any further provision in these proposals would simply formalise existing arrangements.*

- Q9** Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?

- Q10** For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?

- Q11** What other issues relevant to the proposal we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

*May of the proposals put forward in this consultation appear to lead to an erosion of HOSC powers. Despite 26 pages of text, the proposal is essentially laid out in a single paragraph on page 15.*

*In some places the proposals suggested are just adding further layers of bureaucracy which again mask the fact that they undermine the influence of Health Overview and Scrutiny Committees.*

*In other places the proposals are akin to a 'sledgehammer to crack a nut' – How many referrals are made to the Secretary of State anyway? Referral is a last resort tool for Health Overview and Scrutiny Committees, not something that they undertake lightly or do on a regular basis.*