

Independent scrutiny of NHS Boards proposals for major changes in local NHS services

Please write your response here (please continue on a separate sheet of paper if necessary).

Question 1: Do you agree that an expert panel is the most effective way to provide independent scrutiny? If not, what would be your preferred choice?

Of the three options, the Council agrees that the expert panel seems to be the most reasonable and effective way to provide independent scrutiny.

With regard to the Decision Conference approach, the Council agrees with comments in the consultation document that the success of this would depend too much on the choice of the moderator and there would always be questions over how representative the conference would be of local opinion, as well as the ability of such an approach to bring forward alternative options or make informed comment.

The Council believes local authorities could provide a mechanism for scrutinising proposals for significant redesign of NHS services in the Board area, but appreciates that there may be capacity issues that would need to be addressed. Also, significant service redesign in the NHS could impact on a number of Council services, which potentially complicates the process. It is vital the Councils are involved at the earliest possible opportunity in any discussions about service redesign, particularly as these may impact on services delivered either in partnership or by individual Council departments. In South Lanarkshire we have enjoyed good formal and informal relations with the local health boards which has included discussion on service redesign and potential impacts on our activities. The role of elected members, both as the representatives of local communities, and as members of local NHS Boards, should not be discounted when agreeing the preferred option.

The Council acknowledges the strengths of the third option- the Expert Panel – and believes that it is vital that the chair of the panel must be seen as independent and selected through the public appointments process. However, we have some concerns over proposals that the panel will consist of a majority of lay members, and it is vital that they are adequately supported to deal with complex clinical, financial and other issues that will need to be considered. As part of its brief, the Panel should also consider the impact that proposals for NHS service redesign in one area have on other parts of the NHS, on the voluntary sector and other statutory partners. The Panel should also be required to engage with local community planning partnerships and local authorities as part of their work. The Council also suggests that Panels should take local circumstances into account when considering their final decisions, and is concerned that there may be a tension between a desire to reflect a consistent national approach with the development of services that meet specific local needs.

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Question 2: Do you agree that the role of the panel should be to assess the safety, sustainability, evidence base and value for money of NHS Board's proposals for major changes to local NHS services?

Where independent scrutiny panels have been used in the past, these are the criteria that they have been instructed to use when assessing the evidence to support service change. This role is only sensible if the panel has the required skills to make a judgement on issues that may be complex and difficult to deal with. The Council believes, however, that any scrutiny approach must also be expressly charged with also assessing the extent to which the proposals deliver the new preventative and positive behaviour supporting model of healthcare.

Question 3: Do you agree that the chair should be a lay person appointed by Scottish Ministers?

The Council believes that it is vital to any approach that the chair is able to demonstrate their independence and is appointed under the public appointments process. The choice of Chair will be critical for the effective running and credibility of the panel. Given the skills and expertise that the chairs will need to have, the Council is concerned over the potential "pool" from which chairs could be drawn, especially given the potential number of scrutiny panels that may be required.

Question 4: Do you agree that the panel should have a lay majority amongst its members?

This depends on where you believe the greatest need exists. If the role of the panel should be to assess the safety, sustainability, evidence base and value for money of NHS Board's proposals then it could be argued that the need for a lay majority may limit the panel's ability to perform this role – or see it be influenced by particular individuals. .

Appropriate support – preferably from an independent source – would have to be available if the panel was to have a lay majority and its members were to be able to make an informed choice on technical, financial and clinical issues.

There is also the issue of how the lay membership is recruited to ensure balance and representativeness.

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Question 5: Do you agree that the panel should assess the evidence and options during the process of public engagement prior to consultation, and provide a commentary on these that would be available to the Board and to Minister in reaching decisions?

If the adopted option is a panel, then this would be a sensible approach and will ensure that the final options that go to full public consultation for consideration are those that are seen as acceptable on grounds of safety, sustainability, available evidence and value for money.

The Council firmly believes that any commentary should not just refer to the NHS plans but also their impact on council, voluntary and other services. This is especially important to ensure that any decisions made by Government fully reflect the resource impact on the public and voluntary sector as a whole and not just on the NHS of any major service redesign and that such decisions are reflected fully in resource allocations to all involved. The fact that such deliberations identify how other services contribute to the final achievement of the redesign of services that are safe and sustainable should help reassure the public that the proposals form a well thought out, coherent improvement to services.

Question 6: Do you have any other comments on how independent scrutiny should be carried out, or on the guidance on "informing, engaging and consulting the public in developing health and community care services at Annex 3?

While this guidance is comprehensive and places maximum emphasis on community involvement in the engagement process, there is no explicit mention of engagement with partner organisations. As the Council has stated in relation to earlier questions, service redesign can have a direct impact on partners either because of joint working arrangements; co-location of staff or NHS contributions to work that seeks to achieve common outcomes. The Council believes that any consultation on service redesign would need to reflect the increasingly close working relationships between the NHS and local government, particularly in the primary and community care settings.

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Question 7: Do you have any other comments on either the consultation process or your preferred choice?

Better Health, Better Care speaks of a 'mutual NHS' where people using NHS services are seen as partners, with rights and responsibilities that go with this status. This new model places more emphasis on prevention of ill health, and a focus on health care in the community and in primary care settings rather than in hospitals. Increasingly this also has an impact on services provided by partners, such as local authorities and the voluntary sector. Any NHS service redesign needs to be seen in the context of this new model of health care, and should take into account the impact of redesign both on other parts of the NHS and on partner organisations. In practice, this means the need to "test" options on the extent to which they deliver the new model which promotes prevention and supports good health behaviour as well as clinical, financial, workforce, safety and public support issues.

Should the expert panel approach is agreed, the Council believes that the panel should be mandated to consider the issues raised above and should also have a requirement placed on them to engage with the relevant councils and community planning partnerships in its deliberations on service redesign as part of their required way of working.

Thank you for taking the time to participate in this consultation. We will acknowledge receipt of your response.