MEETING DATE:	10 January 2013	NHS	
AGENDA ITEM NUMBER:	Item 7.4		
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JOB TITLE:	Scrutiny Officer	clinical commissioning Group	
DEPARTMENT:	Health Scrutiny Panel North Lincolnshire Council	REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY	

PROTOCOL BETWEEN NORTH LINCOLNSHIRE COUNCIL'S HEALTH SCRUTINY PANEL AND NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

PURPOSE/ACTION	For Approval
REQUIRED:	
CONSULTATION AND/OR	N/A
INVOLVEMENT PROCESS:	
FREEDOM OF	Is this document releasable under FOI at this time? If not why not? (decision making
INFORMATION:	guide being developed)
	Public

1. PURPOSE OF THE REPORT:

The attached are guidelines to govern the relationship between North Lincolnshire Council's Health Scrutiny Panel and North Lincolnshire Clinical Commissioning Group (CCG). It is intended to be a formal agreement of each other's roles and responsibilities, in order to ensure transparency and accountability, and to help deliver our shared interest in delivering the best healthcare services for local people.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: (will be populated following agreement with Council of Members)

Continue to improve the quality of services						
Reduce unwarranted variations in services						
Deliver the best outcomes for every patient						
Improve patient experience						
Reduce the inequalities gap in North Lincolnshire						
3. IMPACT ON RISK ASSURANCE FRAMEWORK:						
	Yes		No	Х		

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:						
]	Yes		No	X	
5.	LEGAL IMPLICATIONS:		1			
		Yes		No	X	
6.	RESOURCE IMPLICATIONS:					
]	Yes		No	x	
7.	EQUALITY IMPACT ASSESSMENT:			-	-	
	l	Yes		No	x	
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:						
	l	Yes		No	x	
9.	RECOMMENDATIONS:					
CCG Committee are asked:-						
• Approve the attached Protocol between North Lincolnshire Council's Health Scrutiny Panel and North Lincolnshire Clinical Commissioning Group						

Protocol between North Lincolnshire Council's Health Scrutiny Panel and North Lincolnshire Clinical Commissioning Group.

The following are guidelines to govern the relationship between North Lincolnshire Council's Health Scrutiny Panel and North Lincolnshire Clinical Commissioning Group (CCG). It is intended to be a formal agreement of each other's roles and responsibilities, in order to ensure transparency and accountability, and to help deliver our shared interest in delivering the best healthcare services for local people.

1. Working Principles

The council's Health Scrutiny Panel and the CCG share common goals of improving the health and wellbeing of all people in North Lincolnshire, reducing health inequalities and ensuring access to, and quality of, local health services.

The scrutiny panel and the CCG therefore adopt the following working principles:

- There will be a shared understanding of each other's roles, responsibilities and priorities, promoted by regular dialogue and training,
- That both parties will work in a climate of mutual respect and courtesy, noting each other's independence and autonomy.
- That both parties will strive to build an effective partnership approach, whilst respecting the right of the scrutiny panel to constructively challenge strategic decisions.

2. Contacts

Initial contacts should be made through the health scrutiny officer at the council and the CCG's Accountable Officer (?). They will then serve to arrange meetings, pass on information, etc.

3. The Health Scrutiny Panel

The members of the Health Scrutiny Panel have a strong democratic mandate to ensure local accountability, both within the council, and also externally. This includes all local NHS commissioners and all providers of local health and social care.

The scrutiny panel can identify trends, seek feedback, review best practice and make recommendations to the CCG and others to improve services. A primary role of health scrutiny is to oversee whether¹:

- Healthcare is planned and delivered in ways that reflect the needs and aspirations of local communities, in line with the JSNA. Commissioning Plan and other key documents,
- Everyone has equal access to services and an equal chance of a successful outcome from services, and
- Proposals for substantial developments, variations and service changes are supported by GP commissioners, underpinned by clear and presented evidence, promote patient choice, and are informed by genuine patient and public engagement.

To fulfil this role, the panel must be able to request a range of information from the CCG and others, as outlined by the Health and Social Care Act 2012 (as amended).

4. The CCG

The CCG is accountable to a number of organisations and individuals. Most notably, clinicians are accountable to their patients. However, they are also accountable to the NHS Commissioning Board, the BMA, the CQC and a host of other professional and clinical bodies.

Locally, the CCG will nominate members to sit on the Health and Wellbeing Board, who can also challenge commissioning plans. It is important to note that health scrutiny and the Health and Wellbeing Board are separate entities, and that the Board is also accountable to scrutiny.

5. Individual and Joint Agreements

The Health Scrutiny Panel will:

¹ Based on 'Working with local authority scrutiny for better commissioning, Smart Guides to Engagement. NHS Networks & CfPS, 2012.

- Wholly respect the clinical autonomy and judgement of all members of the CCG and providers of health services across North Lincolnshire.
- Seek to work professionally with these groups, as well as local representatives of the NHS Commissioning Board and the Commissioning Support Unit (CSU), with a shared aim of improving services for local people,
- Make recommendations to the CCG (and others) that are based on SMART² principles.
- Acknowledge the challenges facing health and social care organisations, both locally and nationally.
- Endeavour to act to address issues raised by the CCG (and others) that fall under the responsibility of the local authority, feeding back to the relevant body.
- Where proposals affect more than one local authority area, the Health Scrutiny Panel will seek to work with colleagues in other areas to ensure effective scrutiny, transparency and accountability.
- Only refer contested issues to the Secretary of State as a 'last resort' and following a full and comprehensive attempt to seek local resolution.
- Not request information that is covered by patient, staffing or commercial confidentiality legislation and practice.

The CCG will:

- Involve the scrutiny panel at an early stage in the development of any proposal that could be deemed a substantial development or variation³.
- Where substantial developments or variations are proposed, nominate a lead clinician to speak with the panel, both formally and informally.
- Nominate a clinician and/or a support officer to attend scrutiny meetings where requested, to discuss relevant issues.
- Respond to requests for information in a reasonable period of time. This should normally be a maximum of 14 days.
- Respond to reports and recommendations of the Health Scrutiny Panel in a reasonable period of time. This should normally be a maximum of 28 days, although a 'holding'

² Specific, Measurable, Attainable, Realistic and Timely.

³ As defined by the Health and Social Care Act 2001 (as amended).

response may be negotiated locally where the subject matter is complex or contentious.

- Routinely share the CCG's clinical and operational priorities in order to prevent duplication.
- Respect the members of the Health Scrutiny Panel's autonomy and accountability to all of the people of North Lincolnshire.
- The CCG may refer issues to the scrutiny panel for consideration and review. The panel will carefully consider any referrals, feeding back to the CCG.

Jointly, the Health Scrutiny Panel and the CCG will:

- Maintain an informal dialogue where required, and meet on a four-monthly basis to discuss ongoing or future developments, relevant issues etc.
- Act in an inclusive manner, ensuring the maximum level of transparency.
- Seek to co-ordinate work plans and priorities,

6. Review of this document

This is intended to be a working document, and should be regularly reviewed as roles and relationships develop, and as the healthcare field changes over time.