

Health Overview & Scrutiny Committee

17 July 2008

Improving Joint Working in Health Scrutiny Briefing Paper

(adapted from Briefing Paper prepared by Emma Powell for Swindon HOSC May 08)

Purpose

This report outlines the implications for our Committee in relation to the impending consultations by the South West Specialised Commissioning Group in relation to proposals to vary or develop specialised services in the Region. If necessary the Committee may wish to provide comments but the main issue for us today is the consideration of the options for joint working with the other HOSCS.

Recommendation

The committee is asked to decide a preferred option for responding to proposals for varying or developing specialised services that it considers to be 'substantial':

- Option 1 – Establish a Standing Specialised Commissioning Joint Committee
- Option 2 – Establish a Standing Specialised Commissioning Joint Committee that only meets to respond to specific consultations
- Option 3 – Establish issue-specific Joint Committees when required, which would dissolve once the Committee has reported its findings

and, if necessary agree any general comments.

1. Reasons

- 1.1 Regulations under Section 7 of the Health and Social Care Act 2001 require local NHS bodies to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services.
- 1.2 A direction from the Secretary of State for Health (July 2003) requires Health Overview and Scrutiny Committees (HOSCs) to form joint committees to consider and respond to proposals for the development of health services that affect more than one local authority area if they consider the proposal to constitute a 'substantial variation'.
- 1.3 The South West Specialised Commissioning Group (SCG) is shortly due

to begin consulting local HOSCs on proposals to commission specialist services. The South West Health Scrutiny Network has produced a briefing paper to be considered by all HOSCs in the South West outlining options to simplify joint working arrangements in the event that more than one HOSC considers a proposal to be a 'substantial variation'. See Appendix 1.

2. Detail

- 2.1 The South West Overview and Scrutiny Network was established in 2007 following a successful bid for funding from the Centre for Public Scrutiny (CfPS).
- 2.2 A Project Board has been established with representatives from local authorities across the South West and stakeholder organisations such as NHS South West. The remit of the Project Board is to identify issues that would benefit from a regional approach and to organise events to improve the effectiveness of health scrutiny using the CfPS funding. Swindon is currently represented by the Scrutiny Unit and the Chair of the Committee has recently become a member.
- 2.3 The Project Board identified that there is a need to co-ordinate how HOSCs in the South West will respond to imminent consultations by the South West Specialised Commissioning Group to vary or develop the provision of approximately 14 specialist services. Specialist services are those provided in a small number of specialist centres to catchment areas of more than a million people e.g. bone marrow transplants. They are high cost, low volume interventions and treatments and are subject to collaborative commissioning arrangements, enabling PCTs to share the financial risk of commissioning such services.
- 2.4 If a HOSC considers a proposal to vary or develop a specialist service to be a 'substantial variation', there is a statutory requirement to form a joint committee with any other HOSCs that have reached the same conclusion in the area affected by the proposal.
- 2.5 The briefing paper that has been prepared by the Project Board outlines three potential options to simplify how HOSCs in the South West could prepare for this situation, should it arise. The options are:
 - Option 1 – Establish a Standing Specialised Commissioning Joint Committee
 - Option 2 – Establish a Standing Specialised Commissioning Joint Committee that only meets to respond to specific consultations
 - Option 3 – Establish issue-specific Joint Committees when required, which would dissolve once the Committee has reported its findings
- 2.6 For more detailed information on each of the options, see page 5 of the briefing paper.

- 2.7 When considering the options, Members are asked to take into account the difficulties that were experienced during the process to establish the Great Western Ambulance Joint Health Scrutiny Committee. These included significant delays due to each local authority having to seek agreement to join the Committee at Full Council and to nominate members. As such, Options 1 and 2 would address this issue, once the Standing Committee had been established and members appointed to serve on the Committee.
- 2.8 The Local Government Association has made an initial offer to support a standing joint committee, should one be established.
- 2.9 The Project Board has requested that HOSCs identify their preferred option or suggest any alternative arrangements, see Appendix 2. The Project Board will consider the responses and has offered to arrange two sub-regional workshops in October to enable Members to agree the details of how joint committees will be established and operated should the need arise.

Background Papers and Appendices

Appendix A - Improving Joint Working in Health Scrutiny, South West Health Scrutiny Project Board, May 2008

Appendix B - Improving Joint Working in Health Scrutiny Briefing Paper Questionnaire, South West Health Scrutiny Project Board, May 2008

Improving Joint Working in Health Scrutiny Briefing Paper

1. Purpose

This briefing paper has been produced by the South West Health Scrutiny Network Project Board to suggest options to simplify the establishment of joint committees between Health Overview and Scrutiny Committees (HOSCs) in the region.

HOSCs and other stakeholders are encouraged to consider the proposals in this paper and provide comments and feedback to the Project Board.

2. Introduction

The issue of what arrangements are in place within the region to facilitate the establishment of joint committees was highlighted at the Centre for Public Scrutiny's (CfPS) 'Scrutiny of Specialised Commissioning in the South West Workshop' in March 2008. The Workshop considered how HOSCs can best respond to consultations on a region-wide basis regarding specialised services, such as for kidney transplants.

Several members of the South West Health Scrutiny Network attended the Workshop and suggested that the Network could play a role in assisting HOSCs to explore how the process for establishing a joint committee could be simplified, particularly when there is a requirement to form a statutory joint committee.

3. Background Information

3.1 Role of the South West Health Scrutiny Network Project Board

In 2007, the South West Overview and Scrutiny Network made a successful bid for funding to the Centre for Public Scrutiny (CfPS) for £10,000 to establish a South West Health Scrutiny Network.

A Project Board has been established with representatives from local authorities across the South West and stakeholder organisations such as NHS South West. The remit of the Project Board is to identify issues that would benefit from a regional approach and to organise events to improve the effectiveness of health scrutiny using the CfPS funding.

3.2 Health Scrutiny and "Substantial Variations"

The Health and Social Care Act 2001 required local authorities with responsibility for social care to make arrangements for the scrutiny of the provision of health services in their local area and the promotion of health and well being and reduction of health inequalities.

Health care providers are required to consult with HOSCs regarding proposals to change or develop services that are considered to be 'substantial variations'. There is no statutory definition of a 'substantial variation'.

Some local authorities have developed templates that healthcare providers/ commissioners must complete to assist them in determining whether a proposal is 'substantial'

If a proposal is considered to be substantial, a HOSC must satisfy itself that sufficient consultation has taken place, or is planned, and that the merits of the proposal benefit the local community.

HOSCs may refer an issue to the Secretary of State if it disputes the validity of the consultation or the merits of the proposal.

3.3 Statutory Joint Scrutiny Committees

A direction from the Secretary of State for Health (July 2003) requires HOSCs to form joint committees to consider and respond to proposals for the development of health services that affect more than one local authority area if they consider the proposal to constitute a 'substantial variation'. If a HOSC considers the proposal to be a 'substantial variation' but does not participate in the joint committee, it loses its right to be consulted or comment on the proposals.

Cabinet Office guidelines state that the minimum length of consultation by the NHS is three months, making the speed and ease of appointment of members to a joint committee necessary.

Many local authority constitutions require full council approval for the establishment of a joint committee. Some local authorities have sought approval from full council for the delegation of powers under specific circumstances to the HOSC to nominate members to formal joint committees.

To date, HOSCs have not had to consider how they would respond to a consultation that affects the whole of the South West. The South West SCG is currently developing proposals to develop or change several specialised services that require consultation with all 14 HOSCs in the region. The CfPS workshop identified that there would be benefits if HOSCs could work together to simplify any future joint working. It should also be remembered that HOSCs can form a discretionary joint committee to scrutinise or consider health issues that cross boundaries.

Key issues for HOSCs in relation to joint committees:

- Ensuring that individual local authorities can move quickly to nominate members to participate in a joint committee when required
- Determining the size of the Joint Committee – number of members,
- Determining the composition of the Joint Committee - nomination of named members, political proportionality, use of substitutes
- Establishing the terms of reference for the joint committee, including a clause to disband the joint committee at the conclusion of its work
- Establishing its preferred way of working
- Establishing the secretarial arrangements for supporting the Joint Committee
- Establishing the need for any specialist or expert support
- Agreeing a reporting timetable

3.4 What is 'Specialised Commissioning'?

Specialised services are services provided in a small number of specialist centres to catchment areas of more than a million people e.g. bone marrow transplants. They are

high cost, low volume interventions and treatments and are subject to collaborative commissioning arrangements, enabling PCTs to share the financial risk of commissioning such services.

In 2005 the Carter Review recommended several changes to the commissioning arrangements for specialist services, including the establishment of a National Specialised Commissioning Group (NSCG) to commission services nationally and 10 regional SCGs aligned to Strategic Health Authority (SHA) areas.

SCGs are formal joint committees of PCTs and are responsible for the collaborative commissioning of specialised services. Service providers are 'designated' by SCGs based on nationally agreed criteria. SCGs have a dedicated team of staff and a pooled budget from PCT allocations.

The SCG is not a legal body. The power of HOSCs to refer an issue to the Secretary of State relates to all PCTs participating in the SCG, not the SCG itself.

More information is available in guidance produced by the CfPS, *'Consultations by specialised services commissioners: a practical guide for health overview and scrutiny committees'*, CfPS, July 2007'

3.5 The South West SCG

The South West SCG is hosted by Bristol PCT and was established in April 2007. It commissions 35 services for a population of 5 million people, with a service value of £500million.

The SCG has produced a Designation Programme and supporting policies including Communication and Engagement and Priority Setting and Decision Making, which have been sent to the Chair of each HOSC for comments. The SCG are due to approve the Policies on 4th June 2008.

Services have been prioritised into three categories within a national framework:

- Category 1 – services where supra-SCG work has already taken place e.g. burns. All of these services will be reviewed by all SCGs during 2007-09 within a common national framework
- Category 2 – services where most SCGs have carried out a review and need little further work e.g. cleft, lip and palate. These services will be designated by individual SCGs during 2007-09
- Category 3 – particular services (which may differ between SCG areas) where individual SCGs will build on local review work already underway or agreed to take place to identify data and develop processes e.g. morbid obesity including surgery

A summary of the specialised services identified as a priority for designation nationally, together with the services the South West SCG currently commissions directly is attached at Appendix 1.

3.6 SCG Consultations and HOSCs

The South West SCG will shortly begin to engage with HOSCs and other stakeholders to consult them on proposals to change or develop specialised services.

There are approximately 14 services that will be 'designated' over the next 12 months, see Appendix 1 for a summary. Not every designation process will recommend major change, indeed in the majority of cases, it is likely that there will be no significant change recommended. However, there may be a requirement for providers to further improve their services to ensure that they are fully compliant with the standards.

For some services, the process might reveal the need for significant change, either to increase the number of providers to meet increasing need, or to reduce the number of providers to improve clinical outcomes or to take account of new technology. If there is a possible need for a significant change in order to meet the standards, all HOSCs in the region must be consulted to determine whether a formal consultation is required. As outlined above, HOSCs that find the proposal to be a substantial variation are required to form a Joint Committee to consider the proposals.

The Carter Review recommended the establishment of a Standing Joint Health Overview and Scrutiny Committee co-terminus with SHA areas to comment on proposals to change or develop specialised services. This recommendation has not been implemented and it has been left to local authorities to reach agreement about how to respond to SCG consultations.

4. Proposals to Simplify Joint Working

The forthcoming consultations by the SCG highlight the need for HOSCs to be prepared to establish joint committees when necessary. The following section outlines proposals that HOSCs may wish to consider to simplify the arrangements for responding to consultations that affect more than one local authority area, particularly in relation to specialised commissioning. They are not intended to be exhaustive but a starting point for further discussions with Members and officers.

The Project Board would welcome the views of HOSCs regarding these proposals. A questionnaire is enclosed asking for feedback on each of the proposals, which we would encourage HOSCs to complete and return.

The results of the questionnaire will be collated by the Project Board and circulated to HOSCs for their information. If there appears to be support for the further development of any of the proposals, the Project Board will work with HOSCs to take this work forward. The final decision regarding any of these proposals lies with individual HOSCs and the Project Board is happy to organise a regional event or sub-regional workshops to enable Members and officers to discuss the proposals face to face and to agree outcomes. If you think this would be helpful, please let us know in the relevant section of the questionnaire.

4.1 The 'Type' of Joint Committee

In order to satisfy the legal requirements of the 2003 Regulations, there appear to be several options available to HOSCs:

<p>Option 1 – Establish a Standing Specialised Commissioning Joint Committee. This Committee would meet regularly on an on-going basis and would include members from all local authorities in the region. Individual HOSCs would delegate their powers to the Standing Joint Committee in relation to specialised services. It would respond to all consultations by the SCG, as well as considering other issues regarding the provision of specialised services.</p>	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Enables the monitoring of the delivery of specialised services in an ongoing way • Enables the scrutiny of specific issues, such as in relation to commissioning proposals • Ability to respond quickly to consultations. • Arrangements for the co-ordination and administration of Joint HOSC would already in place in order to respond quickly to a consultation • Central point of contact for SCG • Enables members to develop specialist knowledge and the ability to respond to statutory consultations effectively • Option of establishing a working party of members from local authorities directly affected by proposals to lead on work. 	<ul style="list-style-type: none"> • Resourcing implications on an on-going basis in terms of officer and member time and financial costs of supporting the Committee* • An independent Standing Joint Committee could potentially exclude individual HOSCs from considering issues specific to their area and consultations would effectively 'by-pass' individual HOSCs • Not all issues brought to the Committee would be relevant to all local authorities • Any local authorities choosing not to participate in a Standing Joint Committee but that consider a proposal to be a 'substantial variation' would lose their right to be consulted on or comment on proposals by the NHS • Decisions of the Joint Committee to refer an issue to the Secretary of State may conflict with the views of local HOSCs

Option 2 – Establish a Standing Specialised Commissioning Joint Committee that only meets to respond to specific consultations. Unlike Option 1 (above), this Standing Committee would only meet when required to respond to a consultation made by the SCG. As with Option 1, individual HOSCs would delegate their powers to the Standing Joint Committee in relation to specialised services. However, its remit would be limited to only responding to all consultations by the SCG.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Enables the monitoring of the delivery of specialised services in an ongoing way • Enables the scrutiny of specific issues, such as in relation to commissioning proposals • Ability to respond quickly to consultations as members will already be appointed to the Committee • Reduced time commitment for members as Committee only meet when required • Arrangements for the co-ordination and administration of Joint HOSC already in place. • Central point of contact for SCG • Enables members to develop specialist knowledge and the ability to respond to statutory consultations effectively • Option of establishing a working party of members from local authorities directly affected by proposals to lead on work. 	<ul style="list-style-type: none"> • Resourcing implications on an on-going basis in terms of officer and member time and financial costs of supporting the Committee* • An independent Standing Joint Committee could potentially exclude individual HOSCs from considering issues specific to their area and consultations would effectively ‘by-pass’ individual HOSCs • Not all issues brought to the Committee would be relevant to all local authorities • Any local authorities choosing not to participate in a Standing Joint Committee but that consider a proposal to be a ‘substantial variation’ would lose their right to be consulted on or comment on proposals by the NHS • Decisions of the Joint Committee to refer an issue to the Secretary of State may conflict with the views of local HOSCs

Option 3 – Establish issue-specific Joint Committees when required, which would dissolve once the Committee has reported its findings. The SCG would consult with individual HOSCs regarding proposals relating to specific services. HOSCs that consider a proposal to constitute a ‘substantial variation’ would establish a time limited Joint Committee to respond to the consultation. HOSCs that choose not to participate in the Joint Committee would lose their right to comment on the proposals. (The East of England region has decided to take this approach).

Strengths	Weaknesses
<ul style="list-style-type: none"> • Increased flexibility • Additional resources only required for a time-limited basis, placing less burden on officers and Members • Allows rotation of administrative support for the Committee • Allows for regional and sub-regional joint working • Joint Committees would only involve representatives from HOSCs that have determined the proposal to constitute a ‘substantial variation’ • South West Health Scrutiny Network could be used as a contact point for NHS bodies in relation to issues affecting more than one local authority to discuss the information required by HOSCs • Option to appoint a lead HOSC (likely to be that most affected by the proposals) to carry out work on behalf of other HOSCs and report back findings 	<ul style="list-style-type: none"> • Arrangements for the co-ordination, resourcing and administration would have to be established every time a new Joint Committee is established* • Lack of a central point of contact for SCG • Clear processes required outlining how and when a Joint Committee will be established, for example how would each Committee notify others in the region of it’s decision • Potential time delay if individual HOSCs required to seek Full Council approval for the establishment of a time-limited Joint Committee

* The South West Local Government Association Executive Committee has recently agreed in principle to offer its support for any joint arrangements developed, provided there is support from the region’s HOSCs. As a result the LGA would be in a position to offer secretarial support to possible joint arrangements.

4.2 Information Presented to HOSCs

One of the suggestions at the CfPS Workshop was that it would be helpful if a template could be developed that the SCG could complete and circulate to individual HOSCs, or a Standing Joint Committee, outlining the scope of proposals to vary or develop services (See Appendix 2). This would ensure that consistent information is provided by the SCG.

It was also suggested that individual HOSCs, or a Standing Joint Committee, could complete another template outlining their response to the proposal and whether they consider it to be a 'substantial variation' (See Appendix 3). If a Standing Joint Committee were not formed, this would enable the easy identification of which HOSCs would be required to participate in an issue-specific joint committee.

4.3 The Nomination of Members to Participate in a Joint Committee

The process for the nomination of members to a joint committee is determined by the Constitution of each local authority. The enclosed questionnaire aims to establish how many local authorities have delegated powers to HOSCs to nominate members to participate in formal joint committees.

Local authorities that require approval of full council may wish to explore how to simplify their own processes to enable the timely nomination of members to a joint committee. Any examples of good practice in this area would be welcomed and will be shared with all HOSCs when the results of the questionnaire are circulated.

4.4 The Operation of Joint Committees

Regardless of whether a Standing Joint Committee or a series of issue-specific joint committees are formed, a South West Joint Committee Toolkit could be developed to assist with the establishment of any joint committee, not just those in relation to specialised commissioning. The Project Board could lead in the development of a Toolkit, in consultation with HOSCs.

South West Peninsula local authorities have already agreed processes to establish time-limited joint committees to consider consultations that affect health services in the area when required. The documentation produced to support this process could be used as the basis for any Toolkit.

The Toolkit could include:

- A Joint Committee checklist
- The process for the establishment of a Joint Committee
- A Terms of Reference template and checklist
- A work programme template
- An outline of functions to be carried out by the secretariat
- A template for joint committee reports

5. Conclusions and Next Steps

This briefing paper aims to outline some of the issues that HOSCs should be considering in relation to joint working and the specific challenges that are likely to arise as a result of the imminent consultations by the SCG.

The South West Health Scrutiny Network Project Board would encourage the Chairs of all HOSCs to share this briefing paper with their Members and feedback your thoughts on the proposals via the questionnaire **by no later than 1st August 2008**.

The results of the questionnaire will be circulated to the Chairs of all HOSCs and other stakeholders in September 2008.

In terms of taking this work forward:

- If there is sufficient support for the establishment of a Standing Specialised Commissioning Joint Committee, the Project Board will arrange an event in October 2008 to which the Chairs of HOSCs, scrutiny officers and other stakeholders will be invited to discuss how such a Committee can be established.
- The same approach could be taken if there is sufficient support for the formation of issue-specific Joint Committees but there may be benefits in arranging two sub-regional workshops in October 2008 to allow neighbouring local authorities to agree how to take this forward. The outcomes of both workshops would be shared across the region.
- The Project Board will also progress any other pieces of work, such as the development of a draft South West Joint Committee Toolkit, if there is general consensus that this would be helpful

This paper also aims to raise the profile of the South West Health Scrutiny Network and the Project Board that supports it. In order to be effective, it is important that HOSCs utilise the Network and advise the Project Board of any issues that they think would benefit from its input.

If you would like to suggest an issue for further exploration by the Network, or would like to become a member of the Project Board, please contact one of the Members of the Project Board. All of their contact details are listed in Appendix 4.

Appendix 1

Proposed Categorisation of Priority Specialised Services

Category	Service	Proposed Timetable for Consideration of Interim Designation Report by SCG
1	Burn care services	Jan 09
	Brain and central nervous system cancer services	Dec 08
	Sarcoma services (bone and soft tissue cancer)	Sept 08
	Skin (rare) cancer services	June 09
	Specialised paediatric cardiac surgery	Dec 09
	High secure mental health services	Complete
	Pulmonary hypertension	Sept 08
2	Blood and bone marrow transfusion	Nov 08
	Cleft lip and palate	Dec 08
	Clinical genetics and genetics Laboratory services	Dec 08
	HIV services for adults	Sept 09
	HIV services for paediatrics	Sept 09
	Haemophilia services	March 09
	Medium secure mental health services	Jan 09
	Neonatal Critical (Intensive) care services	Nov 08
	Paediatric intensive care services	Nov 08
	Parkinson's Disease (Deep Brain Stimulation)	Sept 08
	Positron Emission Tomography (PET)	Dec 08
	Renal transplantation	March 09
3	Hyperbaric oxygen treatment	Dec 09
	Morbid obesity, including surgery	Sept 08
	Spinal cord injury (adults)	Jan 09
	Spinal cord injury (paediatric)	Jan 09
	Grown up congenital heart disease services (GUCH)	Dec 09
	Stereotactic radiosurgery/ therapy	June 09

Appendix 2

Draft Specialised Commissioning Group Consultation with Health Overview and Scrutiny Committees Template

Name of proposal or service development	
Lead officer for consultation	
Contact details of lead officer	
Date template completed	
Deadline for conclusion of consultation	
Is the proposal considered to be a 'substantial variation'?	

Overview

1.	Brief description of the service subject to consultation
	To include: <ul style="list-style-type: none">• The aims and objectives of the service• Whether the service is for children/ adults• Where the service is currently based• The key stages in the care pathways (i.e. inpatient/ outpatient/ surgery/ recovery, when handover takes place to local PCT or social services etc.)• The number of patients treated per year in the South West for the last 3 years• The cost of providing the service and how this is funded• Links with public health or prevention
2.	Brief description of the scope of the proposal or service development
	To include: <ul style="list-style-type: none">• The key changes to service delivery (i.e. location, technology, practitioner or care pathway. Please provide a case study where possible to demonstrate the care pathway)• The drivers for the proposal• How the proposal has been developed• Does the proposal reflect NICE Guidance, if applicable?• How will the proposal impact on the quality of clinical care?• How has the preferred location(s) been identified?• How many patients will be affected by the proposal across the South West?• How have patients, carers and other stakeholders been involved in the development of the proposal?

	<ul style="list-style-type: none"> • If implemented, how will the proposal affect patients and their families/ carers? • What are the cost implications of the proposal? • Are neighbouring SHA areas affected by the proposal?
3.	Consultation
	<p>To include:</p> <ul style="list-style-type: none"> • Details of what consultation or patient/user/ carer involvement has taken place to date & outcomes • Details of planned consultation, including stakeholders to be consulted, methodology, content of consultation and timescales for consultation
4.	Impact of the proposal in relation to each local authority area
	<p>To include:</p> <ul style="list-style-type: none"> • Accessibility of the proposed service to patients and carers who live in the local authority area • Impact on the wider community • The number of patients and carers affected • Financial impact on local authority and local PCT • Any specific issues relevant to individual local authorities
5.	Conclusion & Recommendations
	<p>Conclusion of the SCG as to whether the proposal constitutes a 'substantial variation' as outlined in the Health and Social Care Act 2001 and associated Regulations.</p>

Appendix 3

**Draft Specialised Commissioning Group Consultation:
Health Overview and Scrutiny Committee Response Template**

Name of proposal or service development	
Local Authority	
Date template completed	
Is the proposal considered to be a 'substantial variation'?	

1.	Comments of the HOSC in response to the proposal or service change
2.	Comments of the HOSC in relation to the consultation process
3.	Does the HOSC consider the proposal or service change to be a 'substantial variation'? YES/ NO
4.	Please briefly outline the reasons for this decision

Appendix 3

South West Health Scrutiny Network Project Board Members

Pamela Akerman	Consultant in Public Health and Chair of South West Health Scrutiny Network, Regional Public Health Group	pamela.akerman@gosw.gsi.gov.uk
Councillor Andrew Gravells	Chair person of Health Overview Scrutiny Committee, Gloucestershire County Council	andrew.gravells@gloucestershire.gov.uk
Shana Johnson	Principal Scrutiny Officer, Bristol City Council	shana.johnson@bristol.gov.uk
Howard Lawe	Associate Director Stakeholder Relations, NHS Southwest Strategic Health Authority	howard.lawe@southwest.nhs.uk
Matt Steel	Policy Assistant, South West Local Government Association	Matt.Steel@southwest-ra.gov.uk
Diane Bardsley	Participation and LINKs Lead, Care Services Improvement Partnership	diane.bardsley@csip.org.uk
Keith Wiggins	Service Manager Scrutiny, Somerset County Council	kmwiggins@somerset.gov.uk

Emma Powell	Overview and Scrutiny Officer, Swindon Borough Council	epowell@swindon.gov.uk
Caroline Pickford	Health Scrutiny Officer, Wiltshire County Council	carolinepickford@wiltshire.gov.uk
Richard Thorn	Scrutiny Team, Gloucestershire County Council	richard.thorn@gloucestershire.gov.uk
Romayne De Fonseca	Scrutiny Officer, Bristol City Council	romayne.de.fonseka@bristol.gov.uk

Improving Joint Working in Health Scrutiny Briefing Paper**Questionnaire**

Thank you for reading the 'Improving Joint Working in Health Scrutiny Briefing Paper'. The South West Health Scrutiny Network Project Board would like to hear your views regarding the proposals outlined in the paper.

We would be grateful if you could complete this short questionnaire and return **by no later than 1st August 2008 to: diane.bardsley@csip.org.uk**

Name	
Local Authority	
Email	

1.	In principle, would you support the establishment of a Standing Specialised Commissioning Joint Committee (Option 1) that meets on a regular basis to respond to consultations by the South West Specialised Commissioning Group?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
2.	In principle, would you support the establishment of a Standing Specialised Commissioning Joint Committee (Option 2) that meets only when required to respond to consultations by the South West Specialised Commissioning Group?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
3.	In principle, would you support the establishment of issue-specific Joint Committees to respond to consultations by the South West Specialised Commissioning Group?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
4.	In principle, would you support the development of a template that would be completed by the South West Specialised Commissioning Group outlining details of proposals to change or vary services?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
5.	Please provide any comments you would like to make regarding the format or content of the draft SCG Template illustrated in Appendix 2 of the Improving Joint Working in Health Scrutiny Briefing Paper in the box below:

6.	In principle, would you support the development of a template that would be completed by the South West Specialised Commissioning Group outlining details of proposals to change or vary services?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
7.	Please provide any comments you would like to make regarding the format or content of the draft HOSC Template illustrated in Appendix 3 of the Improving Joint Working in Health Scrutiny Briefing Paper in the box below:
8.	Within your local authority's Constitution, are nominations for members to a Joint Scrutiny Committee appointed by:
	Full Council <input type="checkbox"/> Delegated powers to Health Overview & Scrutiny Committee <input type="checkbox"/> Unsure <input type="checkbox"/>
9.	In principle, would you support the development of a South West Joint Committee Toolkit by the South West Health Scrutiny Network Project Board?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
10.	If 'yes', please tick which of the following guidance documents should be included in the Toolkit
	A Joint Committee checklist <input type="checkbox"/> A Terms of Reference template and checklist <input type="checkbox"/> A work programme template <input type="checkbox"/> An outline of functions to be carried out by the secretariat <input type="checkbox"/> A template for joint committee reports <input type="checkbox"/> Other <input type="checkbox"/> If you ticked 'Other' please list what else should be included:

11.	How do you think this work should be taken forward?
12.	Do you think it would be helpful for the South West Health Scrutiny Network Project Board to arrange an event in October to enable members, officers and other stakeholders to discuss joint working?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
13.	If 'yes', please tick the type of event you would you prefer to attend:
	Single event for the whole South West Region <input type="checkbox"/> 2 or 3 sub-regional workshops <input type="checkbox"/>
14.	If you would like to make any other comments in relation to how to progress joint working in the region, please do so in the box below:
15.	Are there any other issues that you think would benefit from input from the South West Health Scrutiny Network? If so, please list below:
16.	Please tick the box if you would like more information about becoming a member of the South West Health Scrutiny Network Project Board
	<input type="checkbox"/>

Thank you for completing this questionnaire. Please return **by no later than 1st August 2008** to diane.bardsley@csip.org.uk