

Subject:	Setting a HOSC Work Programme for 2016/17		
Date of Meeting:	25 May 2016		
Report of:	Head of Law		
Contact Officer:	Name:	Giles Rossington	Tel: 29-5514
	Email:	Giles.rossington@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The report sets out proposals to run a workshop for HOSC members and key partners in order to agree a committee work programme for 2016/17.
- 1.2 Members are also asked to agree the agenda for the next (July 20) committee meeting.

2. RECOMMENDATIONS:

- 2.1 That the committee agrees to hold a workshop with partners to set a work programme for 2016/17; and
- 2.2 That the committee agrees items for the July 20 HOSC meeting (listed at 3.9)

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The HOSC Terms of Reference (point 7) state that the committee will determine its own work programme.
- 3.2 It is proposed that members should agree the HOSC work programme for 2016/17 following a work planning workshop with expert input from NHS, council and community & voluntary sector partners.
- 3.3 The suggested invitees are as follows (members are free to agree to invite additional or alternative representatives):
 - HOSC members (Councillors)
 - HOSC Co-optees (Healthwatch, Older People's Council, Youth Council, Community Works)
 - Brighton & Hove Clinical Commissioning Group (CCG)
 - Brighton & Sussex University Hospitals Trust (BSUH)

- Sussex Partnership NHS Foundation Trust (SPFT)
 - Sussex Community NHS Trust (SCT)
 - South East Coast Ambulance Trust (SECAmb)
 - Brighton & Hove City Council Public Health
 - Brighton & Hove City Council Adult Social Care
 - Brighton & Hove City Council Children's Services
- 3.4 All invitees will be asked if they would like to propose work programme items for the coming year.
- 3.5 NHS-funded bodies planning to make 'substantial variations' to services are required to offer to consult with local HOSCs on their plans. The NHS-funded bodies listed above will therefore be asked to put forward details of any plans for 2016/17 which they feel may constitute a substantial variation in addition to any other issues they may wish to bring to the HOSC's attention.
- 3.6 Following discussion of possible work programme items with partners, HOSC members will meet separately to agree the annual work programme. HOSC co-optees will be invited to play a full part in this discussion and work programme items will be agreed by consensus. It may not be possible to include every proposal in the 2016/17 work programme, and members will therefore need to prioritise the most important issues and/or those where there is the greatest opportunity for the HOSC to add value. In setting a work programme members may also wish to consider other relevant work plans for the coming year (in particular those of Healthwatch and the city Health & Wellbeing Board) in order to ensure that work streams complement one another.
- 3.7 Whilst it is hoped that the bulk of an annual work plan can be agreed in advance, there will inevitably be in-year additions to the work programme to enable the HOSC to consider urgent or unanticipated matters, to respond to referrals from other committees, to member requests for discussion of specific issues, or to public questions, petitions etc.
- 3.8 The HOSC is essentially free to choose which issues it wishes to examine. However, there are some instances where the predecessor Overview & Scrutiny Committee (OSC) had committed to undertaking a programme of work (e.g. in relation to GP sustainability/quality or to the regional stroke services reconfiguration). There are also some issues which a HOSC would reasonably be expected to engage with, even if there is no specific obligation to do so (e.g. CQC inspection reports for local NHS trusts or CCG annual operating plans). Officers have included these major issues and legacy commitments in a draft work plan which is included for information as **Appendix 1**. These items will be discussed at the workshop alongside any other suggestions.
- 3.9 It is proposed that a work planning workshop be held on the morning of the 10th June 2016. Since this will leave relatively little time before the next HOSC meeting (20 July) to prepare reports, it is suggested that the bulk of the July meeting agenda should consist of legacy/major issues highlighted in 3.8 above. This will enable officers to prepare reports in time for the meeting. The suggested items for the July 20 meeting are:

- GP sustainability/quality: update from the OSC workshop (NHSE/CCG/CQC/Healthwatch)
- 3Ts: update on the redevelopment of the Royal Sussex County Hospital (BSUH)
- Monitor report on SECamb Red 3 Triage: patient impact (SECamb)
- NHS Sustainability & Transformation Plans: update on the local STP submissions (CCG/BHCC)

Members are asked to agree these work programme items for the July 20 meeting.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The committee is free to choose another means of agreeing a work programme, or to amend the proposals detailed in 3.1 to 3.9 above.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 It is proposed that community & voluntary sector representatives (i.e. Healthwatch and Community Works) be invited to the work planning workshop. Members may choose to invite additional organisations to contribute.

6. CONCLUSION

- 6.1 The proposals for a work planning workshop are intended to maximise member, partner and stakeholder involvement in setting the annual HOSC work programme.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 None to this internal planning report

Legal Implications:

- 7.2 None to this internal planning report

Equalities Implications:

- 7.3 In developing an annual work programme, HOSC members should bear in mind equalities issues. It is proposed that representatives of some protected groups are invited to take part in work planning (young people/older people); and members may want to consider inviting representatives of other groups, although with finite committee time and resources there is inevitably a balance to be struck between scrutinising those issues that impact particular vulnerable groups and those that have the greatest impact across the whole local population.

Sustainability Implications:

- 7.4 None directly, although work programme proposals may include issues with sustainability implications (e.g. whether to site specific services in the community or at a hospital).

Any Other Significant Implications:

- 7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. Draft 2016/17 HOSC work programme in tabular form (populated with suggested legacy/major issues)

Documents in Members' Rooms

None

Background Documents

None