

Post-meeting note

### **Further information regarding sign off for the Integrated Care Strategy and scrutiny of the Strategy and Integrated Care Partnership**

It is the Integrated Care Partnership (ICP) itself that has the duty to sign off the Integrated Care Strategy (ICS). That duty is derived direct from the legislation, not delegated to it by either the local authority, or the Integrated Care Board. However, the process for producing the strategy itself and the content of the strategy is subject to the following statutory guidance: Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk). This guidance recognises that 2022/23 is a transition year and the timescales involved in producing the first iteration of ICS's may not allow for the usual level of engagement in the strategy. In Gloucestershire's case, this was mitigated by the fact that the Strategy draws heavily on those priorities already agreed through the Health and Wellbeing Strategy.

With regards to scrutiny of the ICP and the ICS, this falls to Health Overview and Scrutiny Committees. The local authority's powers are as follows:

1. to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services
2. to require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny
3. to require employees, including non-executive directors of certain NHS bodies, to attend before them to answer questions
4. to make reports and recommendations to certain NHS bodies and expect a response within 28 days
5. to set up joint health scrutiny and overview committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority
6. to have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
7. to have a mechanism in place to deal with referrals made by local Healthwatch organisations or local Healthwatch contractors
8. to report disputed reconfiguration proposals to the Secretary of State until the new reconfiguration provisions take effect

In Gloucestershire's case, 1 – 7 above are discharged through HOSC. The final power is reserved to Full Council.

These powers do not extend to being able to 'call-in' decisions made by the Integrated Care Partnership. Scrutiny's powers of call-in are derived from the Local Government Act 2000 and apply only to executive decisions taken by the local authorities as defined by that act.