

9 September 2014**Agenda Item: 7****REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH
SCRUTINY COMMITTEE****HEALTH SCRUTINY GUIDANCE – KEY MESSAGES****Purpose of the Report**

1. To introduce discussion of the new Health Scrutiny Guidance.

Information and Advice

2. The People, Communities and Local Government Division of the Department of Health issued guidance on Local Authority Health Scrutiny in June 2014. This report reflects on the key messages of the guidance and invites Members to consider the implications of the guidance on the operation of the Joint Health Scrutiny Committee.
3. The guidance states that the primary aim of Health Scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that services are effective and safe.
 - How can Health Scrutiny be better attuned to the concerns of local people?
 - How can Health Scrutiny ensure that health services are effective and safe?
4. The guidance states that Health Scrutiny has a strategic role in taking an overview of how well integration of health, public health and social care is working – relevant to this might be how health and wellbeing boards are carrying out their duty to promote integration – and in making recommendations about how it could be improved.
 - How should Health Scrutiny engage with health and wellbeing boards?
 - What information/evidence might Health Scrutiny need to enable it to make recommendations about how integration could be improved?
5. The guidance states that Health Scrutiny has a legitimate role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service and in testing this information by drawing on different sources of intelligence.
 - Is Health Scrutiny sufficiently proactive in seeking information and challenging the information it receives?
 - How might Health Scrutiny best ‘reality check’ the information that it is provided with?

6. The guidance states that Health Scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement with relevant NHS bodies and relevant health service providers is a continuous process. It should start early with a common understanding of local health needs and the shape of services across the whole health and care system.
 - Is Health Scrutiny sufficiently engaged with all parts of the health and care system (especially when substantial variations are taking place)?
 - Does Health Scrutiny share a common understanding with health service providers of the shape of services across the whole system?
7. The guidance states that Health Scrutiny requires a clarity at a local level about respective roles between the health scrutiny function, the NHS, the local authority, health, health and wellbeing boards and local Healthwatch.
 - Does Health Scrutiny currently have sufficient clarity around the roles of other bodies and organisations, and if not, how might this be obtained?
8. The guidance indicates that in the light of the Francis Report, local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. Although Health Scrutiny bodies are not there to deal with individual complaints, they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends.
 - Do the public have sufficient lines of communication to Health Scrutiny?
9. Furthermore, in the light of the Francis Report, Health Scrutiny will need to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.
 - How else might Health Scrutiny seek to verify information?
 - Would seeking to use Healthwatch to verify information have the potential to tie up too much of Healthwatch's resources?
10. The guidance also indicates that Health Scrutiny should become outcome focused, looking at crosscutting issues including general health improvement, wellbeing and how well health inequalities are being addressed.
 - Is Health Scrutiny sufficiently outcomes focused?
 - How should health inequalities be addressed?
11. The guidance states that when there are concerns about substantial developments and variations in health services local authorities (i.e. Health Scrutiny) will need to work together with the NHS to resolve issues locally if at all possible. If external support is required for this purpose, informal help is available from the Independent Reconfiguration Panel and/or the Centre for Public Scrutiny. If the decision is ultimately taken to formally refer the NHS's reconfiguration proposals to the Secretary of State for Health, then referral must be accompanied by an explanation of all steps taken locally to try to reach agreement.

- How will Health Scrutiny ensure that all possible efforts are made to resolve issues locally?
- How will Health Scrutiny Members judge when it is appropriate to refer to the Secretary of State?

12. The guidance also mentions that in considering substantial reconfiguration proposals that Health Scrutiny needs to take into consideration the resource envelope within which the NHS operates and therefore take into account the effect of the proposals on the sustainability of services, as well as quality and safety.

- How will Health Scrutiny obtain sufficient information about the financial constraints across the NHS to properly inform its thinking?

13. The guidance indicates that Health Scrutiny functions should be carried out in a transparent manner which boosts the confidence of local people in Health Scrutiny. Health Scrutiny should be held in an open forum with local people allowed to attend meetings, with filming and tweeting allowed.

- Health Scrutiny has previously operated 'study groups' where interested Members gather evidence in private and this method has tended to be quite effective. How might Health Scrutiny mitigate the loss of this method of operation?

14. The guidance also encourages the health and social care system as a whole to think about how the Health Scrutiny function is supported nationally, regionally and locally to enable the powers and duties associated with the function to be exercised appropriately.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

- 1) consider and comment on the new Health Scrutiny guidance
- 2) schedule further consideration of the guidance as necessary

Councillor Parry Tsimbiridis

Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny (Department of Health – June 2014)

Electoral Division(s) and Member(s) Affected

All