

**13 June 2017****Agenda Item: 5**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **INTRODUCTION TO HEALTH SCRUTINY**

#### **Purpose of the Report**

1. To introduce initial briefing on the principles of Health Scrutiny from a representative of the Centre for Public Scrutiny.

#### **Information and Advice**

2. Brenda Cook, an associate of the Centre for Public Scrutiny (CfPS) will attend the Health Scrutiny Committee to brief Members on health service issues and the operation and principles of health scrutiny.
3. Brenda Cook is the CfPS' Regional Advocate for the East Midlands and East of England. She is an expert on health overview and scrutiny legislation and practice – and also one of the main authors of the early guide to health scrutiny "Substantial Variations and Developments of Health Services" (2005).
4. Government 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 those services are effective and safe. Health scrutiny also 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 well health and wellbeing boards are carrying out their duty to promote integration – and in making recommendations and how it could be improved.
5. At the same time, 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. Health scrutiny is part of the accountability of the whole system, and needs involvement of all parts of the system.
6. Engagement of relevant NHS bodies and relevant health service providers with health scrutiny 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.
7. Effective health scrutiny also requires clarity at a local level about respective roles between the health scrutiny function, the NHS, the local authority, health and wellbeing boards and local Healthwatch.

8. In the light of the Francis Report (the findings of the public inquiry into poor care at Mid Staffordshire Foundation trust published in 2013) 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 functions 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.
9. Furthermore, health scrutiny committees 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.
10. Health scrutiny should be outcome focused, looking at cross-cutting issues, including general health improvement, wellbeing and how well **health inequalities** are being addressed, as well as specific treatment services.
11. Where there are concerns about proposals for substantial developments or variation in health services (or reconfiguration as it is also known) local authorities and the local NHS should work together to attempt to resolve these locally if at all possible. If external support is needed, informal help is freely available from the Independent Reconfiguration Panel (IRP) and/or the Centre for Public Scrutiny. If the decision is ultimately taken to formally refer the local NHS's reconfiguration proposals to the Secretary of State for Health, then this referral must be accompanied by an explanation of all steps taken locally to try to reach agreement in relation to those proposals.
12. In considering substantial reconfiguration proposals health scrutiny needs to recognise the *resource envelope* within which the NHS operates and should therefore take into account the effect of the proposals on sustainability of services, as well as on their quality and safety.
13. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant service providers to account. Local authorities should ensure that regardless of any arrangements adopted for carrying out health scrutiny functions, the functions are discharged in a transparent manner that will boost the confidence of local people in health scrutiny. Health scrutiny should be held in an **open forum** and local people should be allowed to attend and use any communication methods such as filming and tweeting to report the proceedings. This will be in line with the new transparency measure in the Local Audit and Accountability Act 2014 and will allow local people, particularly those who are not present at scrutiny hearing-meetings, to have the opportunity to see or hear the proceedings.

## RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Receives the briefing on health scrutiny and asks questions, as necessary
- 2) Indicates requirements for further information, as required

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

None

**Electoral Division(s) and Member(s) Affected**

All