

3 June 2013**Agenda Item: 6**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

INTRODUCTION TO HEALTH SCRUTINY

Purpose of the Report

1. To introduce initial guidance on the principles and arrangements for the operation of the Health Scrutiny Committee.

Information and Advice

2. The Local Government Act 2000, as amended by the Health and Social Care Act 2012, the Health and Social Care Act 2001 and the National Health Service Act 2006 provide the legislative framework in which the Health Scrutiny function operates.
3. Local authorities have the responsibility for undertaking health scrutiny in their area. Health Scrutiny has a dual role; firstly to consider issues affecting the health of local people and to develop an understanding of the 'health terrain' i.e. of communities and the health services provided to them (the overview role) and to hold to account the commissioners and providers of NHS-funded health services (the scrutiny role).
4. The principles of effective scrutiny are defined as follows:-
 - *Provides "critical friend challenge"* to executive policy-makers and decision-makers*
 - *Enables the voice and concerns of the public and its communities to be heard*
 - *Is carried out by "independent minded" councillors who lead and own the scrutiny process*
 - *Drives improvement in public services*

*Note that the Francis Report into events at the Mid-Staffordshire Hospital was critical of the concept of critical friend challenge. Therefore, if Members encounter an organisation that is providing extremely poor service to the public they may wish to decide to put to one side the idea critical friend challenge and bring to bear a more robust brand of accountability.

Responding to Consultations

5. The Health Scrutiny Committee can also respond to consultation by local NHS bodies on substantial variations or developments of health services. Substantial variations and developments of service are not defined in legislation. However, typically, when considering whether the proposal is substantial committees should consider the impact on patients,

carers and the public who use the service, or may use it in the future. One consideration should be whether the majority of patients using the service would notice a significant material change in how they receive that service (e.g. a permanent change in the accessibility of the services).

6. Where a substantial variation or development of service causes a major issue to arise that cannot be resolved locally, Health Scrutiny has the unique power to refer the matter to the Secretary of State. However, the power is not to be used lightly, and should always be a last resort for local authorities. A consulting body should always be allowed the opportunity to respond to the reports and recommendations of Health Scrutiny before the decision to make a referral is made.

Reviews

7. Health Scrutiny Committees may decide to undertake a review of a particular theme or issue of concern. This is done by way of an evidence gathering process which ultimately results in the production of a report with evidence-based recommendations. Organisations who are the subject of recommendations are expected to attend the committee and provide a response within two months.

Quality Accounts

8. Provider trusts NHS healthcare services are required to produce an annual report to the public about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality, patient safety, clinical effectiveness and patient experience. Health Scrutiny Committees have the option to consider the draft Quality Accounts of trusts and comment on them. The comment is placed within text of the final version of the report.

RECOMMENDATION

- 1) That the committee consider and comment on the information provided.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

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

Background Papers

Substantial variations and developments of health services (a guide)

Electoral Division(s) and Member(s) Affected

All