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POLICY BRIEFINGS

West Sussex Voluntary Organisations' Liaison Group
Ground Floor, Parbrook House, Natts Lane,
Billingshurst, West Sussex RH14 9EY

☎ 01403 787940 📠 01403 787941

Local Authority

Health Overview and Scrutiny

~ Consultation ~

Introduction

The Department of Health is inviting comments on proposals for how the NHS will be scrutinised by local authority Overview and Scrutiny Committees (OSCs).

These are set out in

'Local Authority Health Overview and Scrutiny

– A Consultation Document' available on:

www.doh.gov.uk/healthscrutinyconsultation/healthscrutinyconsultdoc.htm'.

Details of consultation events will be put on this website.

Comments must be made by 16th April 2002

by email to: Mbhealthscrutinyconsultation@doh.gsi.gov.uk

or in writing to:

Health Scrutiny Consultation, Dept of Health

Rm 608, Richmond House

79 Whitehall

London SW1A 2NS

or fax: 020 7210 4902.

How OSCs will operate will be set out in regulations and guidance which will be produced later in the year.

Background

Under the 2000 Local Government Act, local authority OSCs can scrutinise matters which affect the economic, social or environmental wellbeing of an area. There is a formal separation between the role of executive and non-executive councillors, with overview and scrutiny functions being carried out by non-executive councillors. The Health and Social Care Act 2001 gives them powers to scrutinise health services as part of the local authority's wider role of improving health and reducing health inequalities in their area.

OSC's are intended to link in with proposed arrangements to involve patients and the public in health, particularly Patients Forums and the local Commission for Patient and Public Involvement in Health. (CPPIH). Both of these are subject to legislation now in Parliament.

Patients Forums, made up of patients and local people, will be set up for each Primary Care Trust and NHS Trust, to monitor, review and influence the Trust's services. Their annual report and other findings will be made available to OSCs.

The CPPIH nationally will set standards and good practice for the patient and public involvement process, monitor the work of Patients Forums and feed issues into Government and other agencies. Locally, it will establish local networks to promote public involvement in decisions which affect their health, support Patients Forums, commission independent complaints advocacy, and draw together information on patient experience. It will report to key local decision-makers, and will have a specific role to inform OSCs on issues of concern for local people on health related issues. It will link with community development agencies, area based initiatives, and Local Strategic Partnerships.

Proposals

The aim of local authority health scrutiny is to act as a lever to improve the health of local people. Specific aims include to:

- Ensure that people's needs and wishes for health and health related services which meet the needs of all the population, including minorities and excluded groups, have been identified.
- Scrutinise whether services that impact on the health of local people are accessible to all parts of the local community
- Scrutinise whether the outcomes of services or other health-related interventions are equally good for all groups and sections of the local population

Local authorities that have a social services responsibility, including London boroughs, can undertake this role, in relation to strategic health authorities, primary care trusts, and NHS Trusts. This includes scrutiny of social care services provided or commissioned by NHS bodies.

OSC's can scrutinise:

- The commissioning or provision of the full range of NHS services, including hospital and community health services, primary care, dental, optical and pharmacy services, health promotion and public health.
- Planning of services, including joint plans with local authorities for improving the health of local people and for providing health services
- Arrangements for NHS bodies to consult and involve patients and the public

OSC's must be open to the public except where confidential or other specified information is being

disclosed.

OSC's will make reports and recommendations to the Board of the NHS bodies scrutinised. It is intended that reports will be the basis of constructive discussions between the parties. Reports should be made publicly available, and sent to voluntary organisations and others with an interest, the Patients Forum, local office of the CPPIH, strategic health authority, and MP/s. The NHS body will have to send the OSC its response to the report within 12 weeks, setting out its views, and proposed action or reasons for inaction on the recommendation. The response should also be sent to the people listed above.

NHS bodies will have a duty to provide relevant information to the OSC; it is intended that there will be a co-operative working relationship between the two. The Chief Executive of the NHS body will have to come before the OSC to answer questions if requested. Other NHS officers, chairs and non-executive board members can be invited as appropriate.

NHS bodies will have to consult the OSC at an early stage on plans for substantial developments of the health service in the council's area, and proposals to make substantial variation to health service provision. NHS bodies will have to satisfy the OSC that they have allowed sufficient time for involving and consulting local people. Where the OSC feels that local people have not had enough chance to have their say, or where the merits of the change is contested, they will be able to refer their concerns to the Secretary of State for Health. A national Independent Reconfiguration Panel will then consider the proposed change and whether local views have been taken into account, and make a published response.

Planning the Scrutiny

OSCs are encouraged to identify priorities for scrutiny with other agencies and local authorities, Patients Forums, and the local CPPIH. A broad approach which looks at all the factors which impact on people's health is recommended, for example by looking at the health needs of different groupings within the population. Scrutiny is best as part of a range of partnership arrangements with the NHS, with a programme of scrutiny work discussed in advance with the NHS Chief Executive.

The makeup of the scrutiny committee, and the degree of formality of the process, will depend on what is being scrutinised – scrutiny of a hospital closure proposal, for example, would be more formal and less collaborative than a review to join up services across agencies. OSCs are independent of the executive of the local authority and the NHS, and can scrutinise a service at short notice outside their planned programme if they wish.

Scrutiny committees may co-opt voting members from other local authorities whose residents use the service being scrutinised. They can also invite representatives from Patients Forums, voluntary organisations working with a particular client group, and CHCs. They may also invite the views of the local CPPIH, or commission them to get the views of specific communities or patient groups.

A core group of councillors will always plan and lead health scrutiny. They must not include members of the local authority executive (or members of policy committees under alternative local authority structures). Members who are on the executive or an employee of a particular NHS body can be involved, but not when the scrutiny involves that agency, or where they may have an interest.

Using local expertise and sources of information

Local priorities for scrutiny should be informed by material such as the local community plan, the

health improvement and modernisation plan, the local NHS modernisation review, best value reviews, information and reports from Patients Forums and the local CPPIH, and CHCs while they exist.

Joint Scrutiny

Local authorities can work together to scrutinise services which cross local authority boundaries, for example by having a joint committee, delegating responsibility to one authority, or co-opting members from another authority. London boroughs could set up a London-wide joint committee to look at London wide services, and involve the Greater London Assembly.

COMMENT

It is very important that voluntary organisations, user and community groups and local people have the opportunity to identify issues for scrutiny, and to participate in the process. Government regulations and guidance should include provision for this, and to ensure that the process is accessible to people from all groups and communities.

LVSC, with other networks, will be responding to the proposals. For more information, or a copy of the consultation document, contact Jane Belman.

This document is available in large print on request. It can be freely reproduced, with acknowledgements to LVSC.

Jane Belman
Health and Social Care Co-ordinator
LVSC

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