

HEALTH SCRUTIN  
support programm

# why **health scrutiny** matters to health and well-being



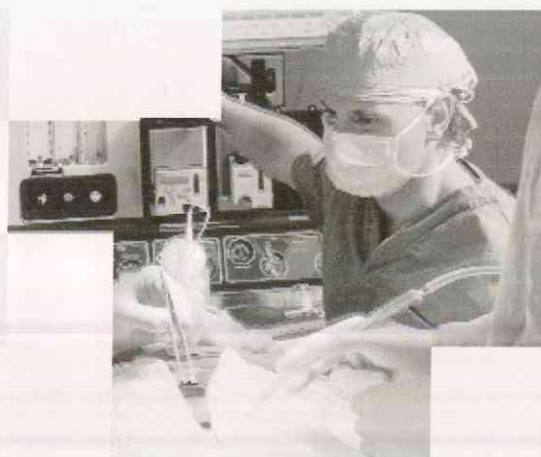
cfps

the centre for  
public scrutiny

better scrutiny for better government

# why **health scrutiny** matters to health and well-being

## the role of health scrutiny in patient and public involvement



The NHS Plan created a new vision for involving patients and the public in decisions about health and healthcare:

- patients and the public must be involved in decision-making about health, including the planning and delivery of healthcare;
- local authority overview and scrutiny committees (OSCs) in social services authorities have powers to judge whether:
  - decisions about health and healthcare reflect local needs;
  - health inequalities are being tackled;
  - proposals for major changes to health services are reasonable.
- Patient Advice and Liaison Services (PALS) in each Primary Care Trust (PCT) and NHS Trust provide information about services, resolve problems and report to Trust boards about patient experiences;

- Patient and Public Involvement Forums (PPIFs) monitor and review services in PCTs, NHS Trusts and Foundation Trusts and represent the views of patients and communities about health and healthcare to Trust boards;
- an Independent Complaints Advocacy Service (ICAS) supports patients, carers and families negotiating their way through the NHS complaints system.

Building on the power of local authority overview and scrutiny established by the Local Government Act 2000, the Health and Social Care Act 2001 (now consolidated in to the NHS Act 2006) requires NHS bodies to provide information to OSCs and NHS officers to attend meetings of OSCs to answer questions. NHS bodies are also required to respond to recommendations made by OSCs and must consult relevant OSCs about proposals for substantial service changes. If OSCs consider that proposals are not in the interests of local people, they can refer them to the Secretary of State or, in the case of Foundation Trusts, to Monitor - the independent regulator of Foundation Trusts.

At the time of writing, the Local Government and Public Involvement in Health Bill is going through Parliament. The Bill proposes to replace PPIFs with Local Involvement Networks (LINKs) that will be community facing, not institutional or organisational.

LINKs will be networks of individuals and organisations and will have a remit for health and social care. LINKs will be supported by 'host' organisations and councils with social services responsibilities will be given targeted funding to commission 'hosts'. Hosts will have the job of recruiting members of LINKs and helping them to establish governance arrangements and working practices. The essential role of LINKs will be to find out what people think about health and social care issues and tell commissioners and providers what they have heard. Primary Care Trusts will have to publish an annual report for communities that sets out how local people have influenced commissioning decisions over the year.

The health scrutiny model has been shown to provide the opportunity for constructive collaboration between scrutineers and scrutinees and the model is set to be extended across a broader range of public sector agencies under proposals in the Bill.





## what can health scrutiny contribute to health and well-being?

The practical realities of delivering healthcare and achieving public health targets are complex:

- there is a web of relationships between the NHS, local government and other agencies;
- these organisations often have shared priorities but rarely have common planning, budgetary or regulatory cycles;
- decisions are often made in the context of political realities.

Health scrutiny has an important role to play in overcoming these factors. OSCs can develop an effective overview of the specific challenges facing the local health economy and ascertain how the health and well-being of local people, together with health and social care services, can be improved across the health and local government sectors.

Health scrutiny can fulfil this role in a number of ways:

### Public involvement and community representation

Councillors as community leaders, working with communities and Patient and Public Involvement Forums (and in future with the new LINKs), are well-placed to ensure that decisions about health and care meet the needs and aspirations of patients and communities.

### A focus on health issues which no one organisation can tackle alone

There are a number of shared priorities for health and local government, with clear performance management arrangements to measure progress. Health scrutiny adds value by highlighting local concerns and tackling issues that require integrated action across sectors.

### An opportunity to address cross-boundary health issues

Health scrutiny can be undertaken in a flexible manner: either by individual authorities, across larger areas through joint committees or focused on smaller communities via delegation to district councils. This may lead to new service configurations better suited to tackling the problems.

## Cross-cutting action on the determinants of health

Local authorities' influence on health and health inequalities is wide ranging. Health OSCs can act as a link to ensure that health and well-being issues are considered in any scrutiny review. They can also provide an opportunity to assess the local authority's own contribution to 'place shaping' through improving health and social care.

## A channel to consider evidence of effective action

Health scrutiny provides a channel for Councillors to reflect on local and national evidence of 'what works' and make recommendations for local service improvements that challenge old patterns of provision, where these may no longer work.

## Helping to achieve joint health targets

Health scrutiny can provide a mechanism to support the achievement of shared local targets, such as those in local area agreements around health inequalities. They can also assess the performance of partnership arrangements (including how well partners are co-operating).

## Promoting media coverage of local health issues

Health OSCs can act as advocates for health and care issues by establishing effective relationships with the media. Improving coverage of local health and care issues and the action being taken will encourage greater community involvement in scrutiny and health improvement processes.

## Tackling issues of co-ordination and integration

Many of the biggest health and well-being challenges go beyond an individual service. Health scrutiny can focus on patient pathways across services or the ways agencies co-ordinate action to tackle particular issues. Health scrutiny can build on joint working but, crucially, can challenge practices and partnerships that are not effective in improving the health of local people.

## A focus for building local profiles of health, well-being and inequalities

OSCs can ensure that local authorities and PCTs have excellent information and intelligence about lifestyles, health and aspirations of their communities. Health scrutineers can then 'hold commissioners to account' about the extent to which decisions have been made on the basis of the knowledge base.



## supporting health scrutiny

CfPS received funding from the Department of Health to provide a three-year support programme for local authority health overview and scrutiny committees (OSCs). The support programme included the following elements:

- a national evaluation of health scrutiny conducted by Manchester University, including a survey of OSCs, Strategic Health Authorities, Primary Care Trusts and NHS Trusts about their perceptions and experiences of health scrutiny;
- an Expert Advisory Team recruited from across health and local government providing free developmental support to help health OSCs develop their skills;
- 26 innovative Action Learning Projects that provided opportunities for scrutineers and health partners to develop local health scrutiny practice and share learning across the sectors;
- a network for Chairs of Health OSCs that provides opportunities for Chairs to discuss strategic health scrutiny issues and to be informed about major health and healthcare topics;
- a range of practical support such as a health scrutiny helpdesk, a monthly bulletin for health scrutiny champions and a web-based health scrutiny discussion forum.

The Stakeholder Management Group for the programme, which set its strategic direction, included the Department of Health; the Commission for Patient and Public Involvement in Health; the Local Government Association; the Social Care Institute for Excellence; the Healthcare Commission; the NHS Confederation; the Audit Commission; Communities and Local Government and the Commission for Social Care Inspection.

A practitioners forum, which was the main consultative forum for the programme, included representation from Strategic Health Authorities, NHS Trusts (including Primary Care Trusts), national organisations and local government practitioners.

CfPS is able to help councils and the NHS understand how scrutiny can contribute to:

- healthy and cared for communities
- commissioning for health and well-being
- service redesign and reconfiguration
- developing and working with LINKs

For further information please visit [www.cfps.org.uk/health](http://www.cfps.org.uk/health) or contact Tim Gilling on 07876 710046 or [tim.gilling@cfps.org.uk](mailto:tim.gilling@cfps.org.uk)

Centre for Public Scrutiny  
Layden House  
76-86 Turnmill Street  
London EC1M 5LG  
Tel: 020 7296 6595 Fax: 020 7296 6850  
[www.cfps.org.uk](http://www.cfps.org.uk)