



NHS Scrutiny in Surrey Local Committee for Woking 15 October 2002

KEY ISSUE:

The County Council now has the power of scrutiny for health services in Surrey. How should it carry out this role?

SUMMARY:

Surrey County Council has consulted about how it should carry out its health scrutiny role. Woking Borough Council has responded that the role of the Local Committee for Woking could be expanded to include health scrutiny, and that Woking Borough Council Members would be pleased to have the opportunity of being co-opted to the Committee, and would appreciate being invited to attend meetings where items relating to this community are being discussed.

OFFICER RECOMMENDATIONS:

The Committee is asked to agree

- (i) To support the proposal of Woking Borough Council that the Local Committee should be responsible for health scrutiny in Woking
- (ii) To support the proposal of Woking Borough Council that Woking Borough Council Members be co-opted to the Committee and also invited to attend meetings where items relating to this community are being discussed.

Introduction and Background

1. The Government is giving the power to scrutinise the operation of the health service to councils which have social services responsibilities, starting in 2003. Surrey County Council is one of these.
2. Surrey County Council issued a consultation paper about how to carry out this function, a copy of which forms annexe A.
3. Woking Borough Council has responded that the role of the Local Committee for Woking could be expanded to include health scrutiny, and that Woking Borough Council Members would be pleased to have the opportunity of being co-opted to the Committee, and would appreciate being invited to attend meetings where items relating to this community are being discussed.

Report by: Christine Holloway, Local Director for Woking

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BACKGROUND PAPERS:	Health and Social Care Act 2001 Consultation letters from Michael Jennings, Surrey County Council Head of Policy, 19 August 2002

ANNEXE 1

NHS SCRUTINY IN SURREY

A Consultation Paper

Introduction

Good health is important to everyone. The National Health Service performs a vital role in helping people to stay healthy and to recover from illness and accidents. The NHS also has a role in promoting people's well-being, but councils and other bodies (public, voluntary, or private) have a significant part to play in ensuring local people enjoy healthy and active lives.

The Government is giving those councils which have social services responsibilities, the power to scrutinise the operation of the health service, starting in 2003.

In Surrey, it is the County Council that will have this power, and the Council has agreed to set up an NHS Select Committee to carry out this scrutiny role. Whilst the main focus will obviously be on the work of NHS bodies, it will also be important to look at the part other organisations, including the County Council itself, can play in improving the health of our residents. The Council is committed to seeing health improve in Surrey and to acknowledging good practice. The Council is keen to do this in co-operation with NHS organisations and other interested bodies, and this paper seeks views on the best way to do this.

We look forward to hearing your views,

Diana Bowes

Chairman, NHS Select Committee

Purpose

1. The Health & Social Care Act 2001 (Section 7) extends the overview and scrutiny power of local authorities with social services responsibilities (the County Council in the case of Surrey) "to review and scrutinise matters relating to the health service in the authority's area, and make reports and recommendations on such matters".

See back pages for information on other languages and formats

2. As well as making reports back to NHS bodies serving the area, the authority may also refer contested proposals for major services changes to the Secretary of State. The scrutiny role also covers social care services commissioned or provided by NHS bodies exercising local authority functions under the Health Act 1999 (Section 31).

3. The Government's consultation paper on Local Authority Health Overview and Scrutiny (January 2002) proposes that the aim of such scrutiny should be threefold:

- "First, to ensure that people's needs and wishes for health and health related services that meet the needs of all the population (including minorities, socially excluded groups and other targeted equalities groups) have been identified towards achieving local health improvements.
- Second, to scrutinise whether services provided that impact on the health of local inhabitants are accessible to, and can be accessed by, all parts of the community.
- And last, to scrutinise whether the outcomes of intervention (whether through services or other intervention designed to positively impact on the health of local inhabitants) are equally good for all groups and sections of the population.

In summary, the aim of local overview and scrutiny of health including the scrutiny of the NHS is to act as a lever to improve the health of local people. This will be achieved by addressing issues round health inequalities between different groups and working with NHS and other partners to secure the continuous improvement of health services and services that impact upon health."

4. The Government in the consultation paper states that review or scrutiny can cover health services commissioned or delivered in the authority's area within the following framework:

- "arrangements made by local NHS bodies [Strategic Health Authority, Primary Care Trusts and NHS Trusts] to secure hospital and community health services to the inhabitants of the of the authority's area;
- the provision of such services to those inhabitants;
- the provision of family health services (Primary Care Trusts), personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area: e.g. arrangements by NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health care to that population;
- the arrangements made by NHS bodies for consulting and involving patients and the public sector under the duty placed on them by Section 11 of the Health & Social Care Act 2001."

Issue A: Do you have any views or proposals on the purpose of NHS scrutiny?

2.

Operation

5. The Government proposes that:

- Local NHS bodies will be obliged to provide information about the planning and operation of health services (excluding patient identifiable information, personnel matters affecting individual employees [including individual performance], and information where disclosure is prohibited by law)
- Local NHS bodies will be required actively to consult the Select Committee at an early stage on their plans for:
 - substantial developments of the health service in the council's area;
 - any proposals to make any substantial variation to the provision of such services
- Chief Executives of local NHS bodies or their representatives will be required to attend to answer questions if requested, and chairmen and non-executive directors can be invited to attend
- Key staff of any NHS body can be requested to attend to answer questions

6. It will be open for evidence to be invited from others such as the Community Health Councils (whilst they are still in being), Patients' Forums (which will have a statutory right to refer matters to the Select Committee), other Councils, special interest groups, representatives of residents, business, specialist advisers, academics and researchers.

7. Once any review or scrutiny has been completed, the Committee's report should go direct to the NHS body concerned which will have twelve weeks to respond setting out its views on the recommendations in the report, proposed action or reasons for inaction.

8. Copies of the report and the response should be sent to:

- the Strategic Health Authority
- the Commission for Patient and Public Involvement in Health
- relevant Patients' Forum(s)
- Local Council(s)
- Local MP(s)
- Voluntary organisations with an interest
- Other organisations with an interest (such as those which have given evidence)

and made available in local County Council libraries, and Council's and health organisation's websites, and on request.

9. Where the scrutiny raises doubts about the merits of major service changes or the adequacy of the consultation upon them, the Committee may refer the report to the Secretary of State.

Issue B: Do you have any views or proposals on the operation of NHS scrutiny?

Approaches to scrutiny

11. The County Council is experienced in relating to autonomous bodies. In relation to its own services it pioneered local management in schools, building trust in front line services and staff. More recently the Council has completed a national contract to design the new model local education authority. Its social services responsibilities for children and adults and community care bring it into close working contact with the health service at both strategic and operational levels. It has Select Committees undertaking statutory reviews and scrutinies of its own services, with an emphasis on contributing to the planning and development of services, as much as looking at their operation. The existing Select Committees have already undertaken reviews of the Council's services in relation to delayed discharges, and health in rural areas.

12. It is the role of councillors to set policy, to represent the public, to challenge services and to ask questions until they are satisfied, but in an investigatory rather than inquisitorial way. The Council has a protocol, developed from its Select Committee experience, to help ensure that scrutiny is carried out courteously, efficiently, fairly and productively.

13. Meetings could be held in a variety of locations (not just at County Hall in Kingston, but subject to the buildings having disabled access, hearing induction loop facilities, etc.), and in a variety of formats, and at different times of the day or evening, to ensure that they were open and accessible to as many people as possible.

14. The Audit Commission, which has produced a management paper *A Healthy Outlook* on local authority overview and scrutiny of health, suggests from its research that there are three broad approaches:

- *Thematic*: health issues which arise in more than one part of the county and are related to specific services
- *Planned changes*: significant changes which have been proposed by way of development or variation to services (especially if these are contested)
- *Local Concerns*: issues relating to specific services in a particular area

15. The aim would be invite suggestions and proposals for areas for review and scrutiny from all interested parties and to construct a forward programme (for a year or more ahead) based on a mixture of these approaches, together with some capacity to address any unforeseen issues that may arise.

16. The Council recognises that the health of people in Surrey does not depend solely of the National Health Service. Its own responsibilities (such as for education, transport, and social care), and those of other organisations, and the lifestyles adopted by people, can all have an effect on health.

17. The Council is also conscious that the National Health Service is in a state of flux, with many of the health bodies only recently constituted, and others subject to potential reconfigurations. The programme of reviews and scrutinies will need to take all of these issues into account.

18. The Council and the NHS Select Committee already has access to general documentation on health:

- Your guide to the NHS
- The New NHS – Modern - Dependable
- The NHS Plan
- The Health and Social Care Act 2001
- Shifting the Balance of Power within the NHS – Securing Delivery
- Delivering the NHS Plan – next steps on investment, next steps of reform
- NHS Plan –Implementation programme
- National Health Service Reform and Health Care Professions Act 2002
- Surrey & Sussex Strategic Health Authority Interim Franchise Plan

19. Other documentation which could be drawn on in developing the programme of reviews includes:

- County-wide and district-based community strategies
- Outputs from the Local Modernisation Review
- Director of Public Health reports
- Audit and inspection reports
- Best value reviews
- Reports from Patients' Forums and the Commission for Patient and Public Involvement (local network)
- Reports from Community Health Councils
- Reports by the Commission for Health Audit and Inspection, and the National Institute for Clinical Excellence
- Papers by other interested organisations

20. The Committee is keen that arrangements be made for the transfer of Community Health Councils' non-confidential documentation and records related to reviews undertaken in the past.

Issue C: Do you have any views or proposals on the approach to scrutiny?

Structure

21. There are four ways in which the County Council can discharge the power of NHS scrutiny:

- An existing committee) *with the option of co-option of*
- A dedicated committee) *members from other organisations*
- A joint committee with other organisations
- Delegation to other Councils (*on an agency basis, with the County Council retaining ultimate responsibility*)

22. No Executive member of a council can be a member of an NHS overview & scrutiny committee. Members of NHS Boards can serve on a such a committee, but will not be permitted to consider issues relating to their own NHS body.

23. The County Council has chosen to set up a dedicated NHS Select Committee (on a shadow basis until its powers come into force in January 2003), on the same basis as its other Select Committees – namely a committee of eleven Members (none of whom is an Executive Member) politically proportional to the Council as a whole, and drawn from across the county, and with many with experience of serving on Community Health Councils.

24. The Committee can consider:

- co-opting non-Executive members of Borough and District Councils
- inviting representation from NHS bodies
- inviting representation from Patients' Forums
- inviting representation from the Commission for Patients & Public Involvement (local staff)
- inviting representation from the Community Health Councils (prior to their winding up in Spring 2003*)
- inviting representation from client group voluntary organisations
- inviting representation from other interested organisations (public and private)

25. The Committee's initial view is that it should co-opt say three or four Borough and District non-Executive members (or members not on the policy committee or its equivalent for those councils with alternative arrangements), rather than one member from each of the eleven Borough and District Councils which would make the Committee too large. The Borough and District members could be nominated through the Surrey Local Government Association (SLGA), drawing on those members with health experience. In addition, local County and Borough or District members could be invited to join the Committee if and when it were looking at health matters relating to one particular part of the county.

26. The Committee's initial view is that it would not propose permanent representation from other organisations at this stage, but again representatives from other organisations could be invited to join the Committee or act as advisers for particular reviews, in addition to the opportunities for giving evidence. There could be certain points in the Committee's programme, such as the determination of its forward plan of reviews, in which a larger event were held in which all interested organisations would be invited to participate.

Issue D: Do you have any views or proposals on the membership of the County Council's NHS Select Committee?

*subject to Ministerial confirmation

Support

27. The NHS Select Committee cannot function effectively without proper support. The Committee's initial view is that it will need a professional adviser and a committee manager to help the Committee:

- gather information and research and views on areas for review and scrutiny
- prepare the programme of reviews and scrutinies
- undertake liaison and consultation with health and other organisations
- organise the evidence gathering sessions, and liaise with those giving evidence and answering questions
- record the sessions, and draft the reports
- circulate of the reports, and handle responses

28. The professional adviser would need to be someone with health experience, who has worked for or is working in a health body or a Community Health Council. The committee manager could be recruited from local authorities or health bodies, or Community Health Councils.

29. This is a new function for which there currently is no funding. Given that the Committee will be taking on one of the roles previously carried out by Community Health Councils (CHCs), the County Council expects that part of the existing Government funding for CHCs or equivalent new funding should be allocated to Councils being given the power to undertake NHS scrutiny. If this does not happen, the County Council will need to consider to what extent, if at all, it wishes to take on the power, given that it will involve the diversion of funding from elsewhere. If the Borough and District Councils do wish to have co-opted members on the Committee, it would be open to them to consider contributing to the funding of support, perhaps via the budget of the Surrey Local Government Association's (SLGA).

Issue E: Do you have any views or proposals on support and funding?

Relationships with the public and patients

30. As well as establishing working relationships with the Strategic Health Authority, and the Primary Care and NHS Trusts, it will be important to build relationships with the new Commission of Patient and Public Involvement in Health (CPPIH), with its oversight of Patients Forums and the Independent Complaints Advocacy Service), and the Patients' Forums and Patient Advice & Liaison Services (PALS) in each of the Trusts.

Issue F: Do you have any views or proposals on relationships with the public and patients?

Liaison, information gathering and training and development

31. The NHS Select Committee is keen to build up knowledge, mutual understanding, and relationships, to ensure that the formal processes of review and scrutiny are conducted in an atmosphere of trust and that any recommendations are well-founded and well-taken.

32. Possibilities include informal opportunities for members to meet representatives from health and other organisations, visits to health facilities, briefings, presentations, attendance at events, and joint training.

Issue G: Do you have any views or proposals on liaison, information gathering, and training and development?

National timetable

33. The national timetable is currently understood to be:

September 2002	Government publishes draft guidance and regulations
November 2002	Government confirms guidance and regulations
January 2003	Local authority NHS scrutiny powers come into force
Spring 2003	Community Health Councils wound up*

Issue H: Do you have any views or proposals arising from the national timetable?

Surrey timetable

34. The outline programme for Surrey is:

June 2002	Initial briefing and information gathering
August – September	Consultation Informal visits to health facilities etc start Respond to draft guidance and regulations
October-December	Analyse response to consultation and finalise funding, membership, working arrangements, and appoint support staff, etc. Informal opportunity(ies) for the Committee to meet representatives from health and other organisations Briefings, presentations, and information collection Training Protocols Pilot review Stocktake Check against final guidance and regulations Finalise review programme
January 2003	Start full reviews
Spring 2003	Community Health Councils wound up*

* subject to Ministerial confirmation 8.

35. The current schedule of dates for the NHS Select Committee is:

Thurs 27 June 2002*
 Thurs 25 July*
 Mon 9 September*
 Wed 23 October*
 Wed 18 December*
 Wed 15 January 2003
 Wed 5 March
 Wed 23 April
 Wed 11 June
 Wed 30 July
 Wed 3 September
 Wed 15 October
 Wed 3 December

*meetings in shadow format

36. These meetings are currently scheduled for the mornings in County Hall, but could be varied in terms of time and location in the light of views expressed during the consultation, the nature of the nature of the reviews or scrutinies, or to ensure accessibility (see paragraph 13 above).

Issue I: Do you have any views or proposals on the outline timetable for Surrey, and timing and location of meetings?

Review Programme

37. Views are sought matters which could be the subject of reviews or scrutinies that might be conducted either as a pilot review this autumn (where the NHS Select Committee's working proposal is to look at transport in relation to health), or as part of the programme for 2003 and beyond.

Issue J: Do you have any views or proposals for a pilot review for autumn 2002, and for reviews that might be conducted in 2003 and beyond?

Critical Success Factors

38. The Audit Commission, in its management paper *A Healthy Outlook* suggests the following factors as being critical to the success of the scrutiny function in contributing to improved health outcomes:

<u>Actions for Local Government</u>	<u>Actions for both</u>	<u>Actions for local NHS bodies</u>
Learn about NHS modernisation	Build relationships	Learn about Local Government modernisation
Develop scrutiny expertise and identify resources	Agree scope and style of scrutiny	Recognise the legitimacy of scrutiny by elected members and respond positively
Manage the demands on NHS organisations	Co-ordinate public involvement	Contribute information and expertise to the process
Work jointly with other local authorities	Keep scrutiny positive	Increase accessibility and transparency

Issue K: Do you have any views or proposals on critical success factors?

Arrangements for responding to the consultation process

39. Please send your views and proposals on Issues A – K, and any other views or proposals you may have, to:

Michael Jennings
 Director for Policy
 Surrey County Council
 County Hall
 Penrhyn Road
 Kingston upon Thames
 Surrey
 KT1 2DN.

If you can email them to: m.jennings@surreycc.gov.uk, that would be preferred.

The deadline for responses on this consultation is noon, Monday 7 October 2002.

40. If you have any queries, or wish to suggest an organisation to which this consultation paper should also be sent, please contact Michael Jennings by telephone on 020 8541 9043, or by email or post at the above addresses.

Thank you for taking the time to study this consultation paper and responding.

Consultees

Department of Health
Directorate of Health & Social Care (South)
Surrey & Sussex Strategic Health Authority
Surrey Primary Care Trusts
Surrey NHS Trusts (including the Ambulance Trust)
Surrey Community Health Councils
Association of Community Health Councils for England & Wales
Surrey Local Government Association
Surrey Borough and District Councils
Surrey County Association of Parish & Town Councils
Parish and Town Councils (via SCAPTC)
Surrey Members of Parliament
Neighbouring County Councils/London Borough Councils/Unitary Authorities
Surrey Strategic Partnership
Surrey Health and Social Care Partnership
Surrey Users Network
Action for Carers Surrey
Surrey Carers Association
Surrey Voluntary Service Council
Councils for Voluntary Service
PACS (Policy planning Action and Campaigning for Surrey –
Forum for Health and Social Care Voluntary Sector Organisations)
Citizen's Advice Bureaux
Surrey Learning and Skills Council
Surrey Economic Partnership
Surrey Chambers of Commerce
Surrey Police Authority and Surrey Police
Surrey County Councillors (including Select and Local Committee chairmen)
Surrey County Council Senior Management Network (including Executive and
Local Directors)

The consultation document is available in the County Council libraries, and on the County Council website: www.surreycc.gov.uk .