APPENDIX A

Health Scrutiny Development Day

Urchfont Manor, Urchfont, Nr. Devizes

28th July, 2004

1. Attendees

1.1 The event was well attended with multi-agency representation from the County Council & District Councils, NHS agencies and Patient Forum groups in Wiltshire (see list of attendees, Annex 1 attached). The event was facilitated by an external consultant, Charles Jack, who's notes on the day are also attached (Annex 2).

2. Presentations

John Thomson - Chairman of Health Overview & Scrutiny Committee

2.1 The Chairman provided a brief overview of the current health scrutiny arrangements. He relayed how in practice, there had been many unforeseen demands and issues, which required discussion, in order to move the process forward.

2.2 An area of concern had been the levels of scrutiny (Panels and County Committee) and concerns expressed by NHS agencies about the potential for duplication. Additional work areas, including the emerging cross-county focus for health scrutiny was highlighted. The huge interest and potential number of scrutiny topics was also described, including a suggestion that a mechanism for prioritising issues be developed.

2.3 The Chairman encouraged the participants to debate the ideas presented and share their opinions on the best working arrangements, in the Focus Groups that were to follow on the day.

Stephen Thorpe, SHA – The SHA Perspective on the Arrangements

2.4 Stephen Thorpe of the Strategic Health Authority made reference to the early start of Wiltshire County Council and its partners had made in developing Health Scrutiny arrangements. He reported on the opportunity to build upon experiences gained to date.

2.5 He expressed the NHS perspective and the difficulties which have, at times, been encountered due to the existing two levels of scrutiny and the demands, duplication and confusion this caused for NHS managers. He also highlighted the cultural differences between the NHS and local

government which needed to be bridged to conduct successful health scrutiny.

2.6 He suggested that the NHS could assist the Health Overview & Scrutiny Committee's work by providing timely information on future substantial reconfigurations and sharing the strategic picture for the Wiltshire health community.

2.7 He supported the need for greater clarity to benefit all partners engaged in the process.

3. Task Group Feedback – Key Issues

3.1 Participants attending the day were assigned to four groups to discuss key issues surrounding the operation of health scrutiny. The key summary issues, which were reported back to the entire workshop are paraphrased below:

Prioritising Criteria and the Development of a Work Programme

3.2 The substantial variation definition was considered valuable for screening topics. It was recommended that everyone be made familiar with use of the impact assessment tool. It was agreed that a wide range of agencies could adopt this approach and a recommendation was made that all PCT Boards and (if applicable) relevant NHS bodies, agree to using this scoring mechanism.

3.3 The substantial variation tool was seen as something developed and led by the NHS and that the Committee should have some mechanism and criteria for screening of other issues which might arise.

3.4 It was cautioned that scrutiny should not consider issues being addressed by other agencies e.g. inspection regimes (e.g. Healthcare Commission's Star Ratings) as this would lead to duplication.

3.5 It was suggested issues may warrant scrutiny if a small reduction in service provision form part of a 'bigger picture' of reconfigurations and where the cumulative effect of such losses has a significant impact.

3.6 There needs to be clarity over when to scrutinise and issue, for example it may be inappropriate to scrutinise a temporary change (See Section 11 guidance for the NHS).

3.7 Need to consider "health" in the widest context, health scrutiny should cover scrutiny of social care and other organisations, not just the NHS.

3.8 Criteria would be beneficial in the prioritisation of issues and in reducing duplication. This system would help bring objectivity to the process and enable a more effective use of limited resources.

3.9 It was reported that elected Members might place pressure on officers to review an issue due to a particular local ward concern or political agenda. This needs to be balanced by the appropriateness of considering that issue. It was felt that criteria might assist in providing consistency in the way issues are treated.

3.10 It was felt necessary to evaluate the use of substantial variation tool after a period of time to ensure the criteria was being applied consistently by NHS bodies.

4. Clarifying the structure of the Health Scrutiny process

4.1 There was appreciation that a mechanism for categorising issues would be helpful.

4.2 There was some concern about revising the local Panel view of health scrutiny especially after some District Councils had worked hard to gain support and resources to undertake health scrutiny. However, others felt that the Task Group approach would actually achieve more focussed, detailed scrutiny and clearer outputs and achievements.

4.3 It was agreed that the County Health OSC remained the best forum for making representations to the Department of Health & Secretary of State.

4.4 A County Task Group approach was considered the most logical place to review health issues where there was a direct link with a County responsibility for providing a service; e.g. transport, Adult & Community Services, etc

4.5 Mental health services was categorised as a suitable topic for a County Task Group. It was suggested that a Task Group could engage with outside stakeholders including the Patients' Forum and mental health professionals to provide quality evidence as part of any review. In these discussions, self-harm was also identified as a suggested possible future topic.

4.6 Single topic Task Group meetings have the flexibility to be run as open meetings to encourage greater public involvement in the process.

4.7 It was seen appropriate to draw from clinical governance reports as the basis and background in any review. (See also 3.1.3).

4.8 Local Task Groups were felt best placed to address issues specific to one area often described as 'parochial' e.g. deemed local (i.e. contained within one PCT area), e.g. community hospitals, locally delivery of services, GP matters, etc.

4.9 Local Task Groups would require District Council officer involvement and resourcing and would be supported and run at this level. An overview would be maintained by the County Health OSC.

4.10 Patient Forums were seen as well placed to address issues which affected a small number of individuals, e.g. dealing with GP issues (including out of hours working), patient disputes, etc. It was reported that Patients Forums also had the ability to tap into a wider network and engage in wider review activity as necessary.

4.11 It was felt that PALS and ICAS could deal with single issues concerning a patient. It was noted that there are clear mechanisms for relaying these concerns back to the Patients' Forums.

5. Resource implications of Scrutinising Local Health Issues

5.1 This Group considered the importance of maximising the limited resource available for health scrutiny. It was emphasised that there is a need to understand "who's who" in terms of NHS bodies and patient involvement groups to allow for the appropriate signposting of issues.

5.2 The costs to deliver effective health scrutiny were considered sizeable. This includes both committee support and the work required in undertaking detailed research to support any review. Additionally, there were high costs to be budgeted for in relation to expert advice, expenses for witnesses and report publication costs. It was advised that more work be done on assessing the level of budgetary support required to undertake effective scrutiny.

5.3 A move from Panels to a Task Group approach, should help target resources into a short, time-limited exercise.

5.4 It was highlighted that perhaps the NHS was using the Panels/Health OSC for dispensing its duty to consult on substantial change. This view was not widely accepted by all as it was noted that the NHS also has much wider ranging responsibilities to consult with the public under Section 11. It was argued however, that there was a need to be mindful of the significant impact, in terms of resources, required to respond to NHS consultations on service change.

5.5 It was debated and considered possible to address some strategic issues at a Joint Committee cross-county level but caution was required, as this will still have resource implications for WCC if participating in any review.

5.6 It was suggested that the Protocol for operation of a Scrutiny Task Group includes and details the role of officers involved in the scrutiny process.

6. Future relationship between Health OSC and the Patient Forum structures

6.1 This Group felt that Health Overview & Scrutiny function already helps to avoid duplication by improving communication between the agencies involved in scrutinising health services.

6.2 Patient Forums were viewed as having an independent role to Health OSC Members, but they also wished to play an equal part as stakeholders in the health scrutiny process.

6.3 Patient Forum representatives felt it would be helpful to have some form of representation at the County Health OSC meetings.

6.4 Keen to engage in joint working at the earliest opportunity. Welcome opportunity to contribute as advisors in the Task Group situation.

6.5 This Group reported on their inspection powers, and that they can facilitate the health scrutiny process by being the "eyes and ears" of the public. Reports of visits can be fed back to the Health OSC as appropriate.

6.6 It was considered only appropriate to refer issues to the Health OSC, if all attempts to resolve the matter with the NHS body had failed.

6.7 The shortage of Patient Forum representatives was also discussed and the resultant heavy caseload that falls to current members.

6.8 Wanted early warning from PCT on major service changes. Concerns were expressed that they were not always consulting effectively i.e. often 'informed' of a decision not truly 'consulted'.

7. Conclusion

7.1 It was agreed that the themes and views expressed within the Development Day would form part of a review of the arrangements to be presented at the next Health OSC meeting on 8th September, 2004. This paper would be distributed in advance of the meeting to ensure all partners had an opportunity to view and consider the findings.

7.2 All participants were thanked for their very honest and valuable contribution to the process.

Summary prepared by:
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Monday 23rd August, 2004