

Health Scrutiny Support Programme – 2007

Session Two – Understanding how to scrutinise the joint provision of health and social care in the current context

Summary of points raised during the discussion

Jeff James – Chief Exec of Wiltshire Primary Care Trust

Wiltshire has come to be known as the byword for the complete collapse of partnership working. In 2000 there was a public commitment to work together and the County Council and the NHS wanted to develop the national agenda. However, they never agreed how to resolve difficulties and this eventually led to all sorts of public disputes.

It is possible to make partnerships work at a simple level. Partnerships should have values and contractual/managerial agreements.

It will be three years until the PCT has money to spend on developing new services, but joint commissioning needs to be used now to change the way existing resources are used.

Wiltshire has no strategies, or joint commissioning plans across health and social care, nothing has been developed. There is lots of advice available nationally now, but this hasn't been turned into joint plans. It is very important to get the strategic work right.

Voluntary sector capacity has not been focussed on and the current pattern of funding commitments is not rational, having grown up opportunistically. This needs to be addressed and both organisations need to be clear about their commitment.

Sue Redmond – Director of Community Services, Wiltshire County Council

All the health and social care aims are about appropriate, timely treatment.

Staff who used to be part of the integrated care system now want to get the care pathway right.

There is huge potential for working with the Order of St John to meet the needs of older people.

The issue of delayed discharges has plagued Wiltshire for many years, but the cycle of blame has often meant the individual has been forgotten.

Mental health services for older adults is a huge issue and all agencies must agree to work together in a way they haven't before if improvements are to be made.

The OSC should begin to look at all of health and well being for the people of Wiltshire in order to encourage community engagement and systems that work.

The new LINK is a great opportunity to expand the range of ways we involve people and lots of different organisations need a mechanism to talk to people. There is big potential to use the LINK funding to develop this.

Further points

Health and social care are signed up to the aims of the Strategic Board and the Local Area Agreement and there is an opportunity to develop a strategy for health and well being that enhances the services offered in the community.

Older people need to be stimulated to become part of the wider society.

Health and social care need to re-look at what they are funding voluntary organisations to do and this will be reviewed jointly.

The constraints put on commissioning and providing services nationally means we will never have a perfect framework for Wiltshire. The reality is that lots of things don't work for Wiltshire and it is better to test whether restraints can be removed instead of trying to challenge government policy.

Principles for Health Scrutiny

Scrutiny should:

- Be strategic, not arguing local cases
- Be pro-active, its there to improve health
- Work within the framework set for it by the Government

Scrutiny should not:

- Be about becoming a medical expert
- Duplicate the work of PPIFs or LINKs
- Focus on criticism of Government policy

The fundamental contradiction between health and social care is that health services are free and social care services are means tested.

There are new powers, through the Local Government Act, for public involvement in health. There are also new statutory duties for public bodies to co-operate in public health improvements. The powers to scrutinise some of these bodies have also been extended.

Scrutiny committees need to be clear about what they are scrutinising. Is it structures and procedures, provider functions or commissioning?

The mind set of some members must change so that, instead of asking why something is closing committees ask what is needed and what are commissioners going to do about it?

Health scrutiny should be about asking the holistic questions and taking the broad approach about health as a whole.

Reforms have been predicated on a social model of health, not a clinical one. OSCs should also ask questions about equality. The Government has recognised there is a democratic deficit.

Principles for the future work plan

The Health OSC terms of reference need to be amended to include any changes made as a result of inclusion of social care into the work of the Committee.

It is useful to hold bi-annual question and answer sessions with NHS chief executives.

Strategic issues that the whole Committee should cover are:

- Relationships with the NHS
- Joint commissioning plans
- Capacity and priorities
- Wider public health issues
- Commissioning

Issues which could be covered by Task Groups are more specific and generally time limited.