

Health Scrutiny Support Programme – Summary of Workshops

Purpose of Report

1. To summarise the three workshops held as part of the Centre for Public Scrutiny sponsored Health Scrutiny Support Programme and the outcomes from the discussions.

Background

2. The Centre for Public Scrutiny's Health Scrutiny Support Programme has run for two years, providing health overview & scrutiny committees (OSCs) with capacity to develop their scrutiny skills by allocating expert advisors to facilitate and guide discussion on issues identified by individual committees.
3. This year the Wiltshire Health OSC agreed a number of priorities and decided to hold development sessions with the facilitator to both refresh members' knowledge of current practices and to establish mechanisms for the introduction of new branches of work for the committee.
4. The three sessions covered understanding how to scrutinise three key areas: substantial variations, the joint provision of health and social care and Local Area Agreement health related targets.
5. A summary of each of the sessions is attached as appendices 1, 2 and 3 of this report.

The Outcomes of the 2007 Sessions

6. At each of the sessions it was clear that a number of key actions and principles were emerging, which could be taken up by the full Committee, if it wished, in order to develop the work programme and the working practices of the Committee.

Actions and Principles from HSSP Sessions 2007

| | |
|--|--|
| Session One – Understanding how to scrutinise Substantial Variations in the current NHS context | Principles: |
| | If an OSC doesn't limit its role it will get swamped |
| | Investigations into service issues should focus on the commissioning angle |
| | An OSC can revisit changes which did not constitute a service change to make sure there have been no adverse effects on services |
| | The OSC should focus on what services need to be commissioned to meet the need, instead of just challenging changes, to ensure that the services commissioned are actually meeting the needs of the population |
| | Actions: |
| | Checks should be carried out after new services have been delivered to make sure what was agreed has been provided |
| | The OSC should have regular question and answer sessions with NHS Chief Execs – twice yearly is enough |
| Session Two – Understanding how to scrutinise the joint provision of health and social care | Principles: |
| | Scrutiny should be strategic and not argue individual cases |
| | Scrutiny should be proactive and improving |
| | Scrutiny must work within the framework set by the Government |
| | Scrutineers do not have to become medical experts |
| | Scrutiny should not duplicate the work of PPIFs or LINKs |
| | Scrutiny should not focus on criticism of Government policy – because they can't change it |
| | Actions: |
| | The terms of reference for the OSC need to be amended to include scrutiny of social care commissioning |
| The full Committee should continue to scrutinise strategic issues | |
| Session Three – Understanding LAA health related targets and how to scrutinise progress | Principles: |
| | The OSC should work closely with the Director of Public Health who should report regularly to the Committee |
| | The strategic priorities of the OSC should cross refer with the LAA |
| | Actions: |
| | The OSC needs to understand who is performance managing the LAA targets and how it is being done |
| | The OSC should scrutinise the strategic health & social care needs assessment for the community |
| | The OSC should scrutinise the priorities set for the Director of Public Health |

7. There are a number of steps that can now be taken by the Committee to put the above principles and actions into place. However, it may be appropriate for a discussion to take place at Committee prior to further work being carried out, to ensure that members are happy with the direction proposed.
8. Discussions have already taken place with the Community Services Department regarding the appropriate scrutiny Committee for the various services they provide, and the final proposals for formally scrutinising those services will be taken to the appropriate Committees before going to full Council in due course.
9. The proposals for scrutiny of social care services are likely to be in line with the principles and suggestions discussed at the second HSSP session. This would also be in line with the national guidance for the scrutiny of social care, which has emphasized the need to look at the commissioning of health and social care services jointly.
10. The third session represents the first time the Committee has given consideration of the health block of the Local Area Agreement (LAA) and complex targets contained within it.
11. Although it is intended that there should be a clear role for Overview & Scrutiny in the monitoring of the LAA, it is not yet clear what form that role will take and steps are being taken to address this currently.
12. It will in all likelihood be necessary to carry out further research into the LAA, the implementation and monitoring process before bringing a more detailed report back to the Committee outlining the likely involvement of members in the process.

Recommendations

- i. To agree to implementation of the actions outlined in the table above.
- ii. To request that further work is carried out regarding scrutiny of social care and of the Local Area Agreement to result in a subsequent report to the Committee.
- iii. That the Chairman and Vice Chairman oversee the process.

Financial Implications

There are no financial implications for the County Council in the report.

Stephen Gerrard
Assistant Director, Corporate Resources

Report Author
Joanna Howes
Health Scrutiny Officer