

Committee: Health and Social Care Scrutiny Committee	Dated: 27 Sept 2022
Subject: Health overview and scrutiny committee principles	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2, 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
Report of: Director of Community and Children's Services	For Information
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Summary

This reports gives an summary of the role of local authority health overview and scrutiny, and shares guidance recently published by government on the expectations of scrutiny committees given changes to the configurations of services shaped by the Health and Social Care Act.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The government has published guidance – in advance of statutory guidance – advising on the role and nature of health oversight and scrutiny arrangements given the changes enacted by the Health and Social Care Act.
2. The full guidance is appended.
3. The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

4. Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working – relevant to this might be how well health and wellbeing boards are carrying out their duty to promote integration - and in making recommendations about how it could be improved.
5. At the same time, health scrutiny has a legitimate role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service (“relevant NHS bodies and relevant health service providers”) and in testing this information by drawing on different sources of intelligence.
6. Health scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement of relevant NHS bodies and relevant health service providers with health scrutiny is a continuous process. It should start early with a common understanding of local health needs and the shape of services across the whole health and care system.
7. Local authorities need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. Although health scrutiny functions are not there to deal with individual complaints, they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends.
8. Health scrutiny should be outcome focused, looking at cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services
9. Where there are concerns about proposals for substantial developments or variation in health services (or reconfiguration as it is also known) local authorities and the local NHS should work together to attempt to resolve these locally if at all possible
10. Local authorities should ensure that regardless of any arrangements adopted for carrying out health scrutiny functions, the functions are discharged in a transparent manner that will boost the confidence of local people in health scrutiny. Health scrutiny should be held in an open forum and local people should be allowed to attend and use any communication methods such as filming and tweeting to report the proceedings. This will be in line with the new transparency measure in the Local Audit and Accountability Act 2014 and will allow local people, particularly those who are not present at scrutiny hearing-meetings, to have the opportunity to see or hear the proceedings.

11. To that end the guidance reiterates the role and powers of local authority health oversight and scrutiny arrangements to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny
- require employees, including non-executive directors of certain NHS bodies, to attend before them to answer questions
- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- set up joint health scrutiny and overview committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority
- have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
- have a mechanism in place to deal with referrals made by local Healthwatch organisations or local Healthwatch contractors
- report disputed reconfiguration proposals to the Secretary of State until the new reconfiguration provisions take effect

12. The guidance notes that HOSCs, Health and Wellbeing Boards, local Healthwatch and NHS bodies collectively have a role to play in good governance and accountability across the health and care system.

13. Health Scrutiny will continue to play a vital role in scrutinising health services in the local area and will retain duties, but there are likely to be some changes to the functions and terms of Scrutiny committees.

Corporate & Strategic Implications

14. Strategic implications – robust scrutiny will support the Corporation meet its Corporate plan commitments that “people enjoy good health and wellbeing”.

15. Financial implications - none

16. Resource implications – none.
17. Legal implications – as set out in terms of the powers and functions of health scrutiny.
18. Risk implications – none.
19. Equalities implications – securing effective health services delivers benefit to those who disproportionately suffer ill health and health inequalities including those with protected characteristics such as older people and the disabled.
20. Climate implications – none.
21. Security implications – none.

Conclusion

22. The Secretary of State will gain new powers (between July 2022 and July 2023) to intervene in the operation of local health and care services, although Health Scrutiny will no longer be able to refer matters to the Secretary of State with any formal status.
23. Existing scrutiny regulations will be revised in this period, and this is likely to include changes to constitutions and terms of reference for scrutiny committees

Appendices

- Guidance: Health overview and scrutiny committee principles

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