

Health Scrutiny Support

To: Adults and Health Committee

Meeting Date: 9 March 2023

From: Democratic Services Manager

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: The committee is being asked to consider arrangements to support the health scrutiny process, which will enhance the effectiveness of health scrutiny.

Recommendation: The committee is asked to consider and comment on the arrangements set out in the report to support the health scrutiny process.

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1. Background

- 1.1 The Health and Social Care Act 2001 gave specific powers to a local authority's overview and scrutiny committee (OSC) to examine health services. This was laid out in the Local Authority (Overview and Scrutiny Committees Health Scrutiny functions) Regulations 2002.
- 1.2 The local authority's powers of Health scrutiny allow it to scrutinise health service changes and performance, and to consult with stakeholders on their local health services. The purpose of health scrutiny is to:
 - improve the health and well-being of residents.
 - provide a critical friend to the NHS.
 - facilitate greater involvement of stakeholders in local health issues.
 - tackle the 'democratic deficit' in health and ultimately improve the health of local people.
- 1.3 The primary aims of health scrutiny are to identify whether:
 - health services reflect the views and aspirations of the community.
 - all sections of the community have equal access to services.
 - all sections of the community have an equal chance of a successful outcome from service.
 - proposals for substantial service changes are reasonable.
- 1.4 The committee with responsibility for health scrutiny can review any matter relating to the planning, provision and operation of health services within the area.
- 1.5 The role of the OSC is to look at strategic issues affecting the health of the area, rather than individual complaints. Its remit stretches further than looking at the NHS services and organisations but it should not be involved in performance management. There will be times when a scrutiny process needs to consider health care provided by the private and independent sector on behalf of the NHS. In these circumstances, the committee will need to consider the issue through the commissioning body. Committees do not have the power to require individual GPs, dentists, pharmacists or those providing ophthalmic services to attend a committee meeting to answer questions.
- 1.6 Topics for scrutiny should be chosen on the basis of whether they are:
 - in the public interest.
 - not being addressed by another body (e.g., the Care Quality Commission) or another scrutiny committee.
 - being requested by the NHS directly.
 - proposed substantial developments.
 - offering the potential for outcomes affecting local people.
- 1.7 The OSC has the power to:
 - review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority's area (including the Council's

contribution to the health of local people and the provision of health services, as well as other agencies involved in healthcare).

- make reports and recommendations to the local NHS on any matter reviewed or scrutinised.
- require the attendance of an officer of the local NHS to answer questions and provide explanations about the planning, provision and operation of health services.
- require the local NHS to provide information about the planning, provision and operation of health services.
- establish joint committees with other local authorities to undertake overview and scrutiny of health services.
- delegate functions of overview and scrutiny of health to another local authority committee.

2. Main Issues

Scrutiny Training

- 2.1 Following the election in May 2021, newly elected members took part in an extensive Member Induction Programme approved by the Member Development Panel. Whilst there was a session on Adults and Health Committee held on 10 June 2021, it did not include specific scrutiny training. To make the most of scrutiny, councillors need high quality, independently led training. It is therefore proposed to identify an organisation to provide training for members, co-opted members and substitutes on the committee.

Democratic Services Scrutiny Support

- 2.2 The committee currently has some scrutiny support provided by the Public Health directorate. It is suggested that there should be a degree of separation given, for example, the Executive Director of Public Health's role on the Integrated Care Board (ICB). The complexity of commissioning, joint commissioning and the ICB means that both social care and Public Health are often co-commissioners of health services. Public Health also directly commissions health services, which can lead to conflicts of interest, including for the chair of Adults and Health Committee.
- 2.3 The scrutiny function is usually provided by democratic services in other councils, which does not fit the Public Health ringfence grant. It is therefore proposed that the committee should receive dedicated scrutiny support from a Democratic Services Officer who will liaise with the Head of Public Health Programmes in co-ordinating the scrutiny programme for the committee. Close working with the Head of Public Health Programmes, who has supported health scrutiny for many years, is essential if democratic services' scrutiny support is going to be effective, particularly in relation to liaison meetings and co-ordination with the NHS.

2.4 The role of the Democratic Services Officer will involve the following:

- attending quarterly health liaison group meetings and providing a briefing note of issues for the committee and possible scrutiny items for consideration.
- writing briefings on NHS organisations and documents for the committee, and identifying sources of background information such as Healthwatch reports or needs assessments to aid scrutiny.
- arranging briefings and/or seminars for the committee via Teams to enhance knowledge and improve scrutiny.
- identifying lines of enquiry to enable the committee to scrutinise effectively.
- maintaining the committee's work programme to ensure scrutiny is focused on subject areas and issues that matter the most to make best use of time and resources.
- drawing up and agreeing results following scrutiny sessions, and taking responsibility for acting on the findings (e.g. coordinating with Communications in terms of external messaging, feeding results back to the relevant local health partners directly and forwarding as necessary to the Department of Health).
- arranging visits to NHS organisations.
- arranging all-member seminars to explain the work and role of health scrutiny to the rest of the Council beyond those on the committee.

Adults and Health Committee Scrutiny Pre-Meeting and Wash Up Sessions

2.5 It is proposed to hold a pre-meeting with the committee once the agenda has been published, to go through the lines of enquiry. This will enable members to agree (or at least to discuss) some lines of questioning that are to be put to a witness or group of witnesses. It can allow for members to agree who will be asking the questions and the extent that supplementary questions will be put. It is important to identify what kind of questions and questioning the committee will be asking:

- Will questioning be organised by theme, with all councillors being allowed to come in where appropriate, and with the use of supplementary questions being quite tightly defined?
- Alternatively, will the questioning be in a fairly free flowing format with the Chair calling people to raise questions when they indicate they wish to do so? If this approach is adopted, it is still important that questions reflect certain key lines of questioning, to prevent the session becoming a series of unconnected and possibly irrelevant questions. There should also be clear conclusions and recommended actions at the end of questioning.

2.6 It also proposed to hold an informal wash-up session once the meeting has concluded and the stream has been stopped, to review the success of the questioning. A good evaluation

can help to improve the quality of future meetings and contribute to future successes.

Scrutiny Agenda Plan

- 2.7 It is important that the scrutiny agenda plan is considered at every meeting of the Adults and Health Committee, as it is the role of the committee to identify future items for scrutiny. However, there is a key role for the Chair and Vice-Chair to manage this plan if, for example, timetabling proves an issue.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

Scrutiny provides a critical friend challenge to the NHS and offers the opportunity to bring issues that matter to local people and the local community into decision making. It is therefore important that it has the necessary dedicated support to do this effectively.

3.3 Places and Communities

There are no significant implications for this priority.

3.4 Children and Young People

There are no significant implications for this priority.

3.5 Transport

There are no significant implications for this priority.

4. Source documents

4.1 [Health and Social Care Act 2001 \(legislation.gov.uk\)](https://legislation.gov.uk)

[The Local Authority \(Overview and Scrutiny Committees Health Scrutiny Functions\) Regulations 2002 \(legislation.gov.uk\)](https://legislation.gov.uk)

[Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](https://legislation.gov.uk)