

Report of Seminar

(September 20 2001)

Scrutiny and Health: A New Role for Councillors

1. At the Partnership Overview and Scrutiny Committee meeting on October 26, David Rowlands referred to a Seminar about the new role of Councillors in Scrutinising Health. The Seminar was organised by the Local Government Information Unit and the Democratic Health Network and attended by representatives of Local Authorities and the Health Service. It was agreed that a report of the Seminar should be sent to members.
2. Three main speakers who dealt with various aspects of the proposed changes addressed the Seminar. Meredith Vivian, Head of the Public Involvement Team, Department of Health spoke about health scrutiny and how the scrutiny role will work in relation to health partnerships. Donna Covey, Chief Executive, Association of Community Health Councils for England and Wales spoke about how local government and the new patient advocacy structures introduced in the Act can work together. Fiona Campbell, Co-ordinator, Democratic Health Network, discussed different possible models and styles of health scrutiny, drawing on her research on how councils have integrated health into their political structures.
3. **Meredith Vivian** opened the seminar by setting the context in which the proposals for change were being submitted. He referred to the National Health Service Plan and to the document "Shifting the Balance of Power". He also referred to the Kennedy Report, which members will recall was an Inquiry into the Bristol Royal Infirmary that set out principles that should lead to greater public and patient empowerment. He said that the Government was aiming to involve patients and the public to a greater extent in public health care. They were seeking to do this with a range of proposed changes. He said Community Health Councils are to be replaced with new bodies aimed at achieving these objectives.
4. He said that the Act places a new duty on the NHS to involve the public in the decisions that it makes. They were aiming by April 2002 to have in place **the Patient Advisory and Liaison Service (PALS)** to provide information to patients, their carers and families and to help them resolve problems and concerns quickly before they become serious. PALS will work in all NHS Trust and in the Primary Care Trusts and will be expected in the interests of patients to work across organisational boundaries.
5. The Act also establishes a duty on the Secretary of State to make arrangements for independent support to be available for patients wishing to make a complaint against the NHS. Patients and Carers will be able to use the services of **the Advocacy and Complaints Service**.
6. The NHS Plan sets out a commitment to create a **Citizens Council** to advise the **National Institute for Clinical Excellence (NICE)** (already established) on the values inherent in its decisions and guidance of treatments.
7. Mr Vivian said the Government intends to bring forward legislation to set up independent **Patients Forums** for every NHS Trust and PCT. They will be statutory independent bodies made up of patients and others from the local community. He said they would be the way in which people who use the service can get involved and have a say in the way that their local NHS is run. They will elect one of their number to serve on the trust board.

8. One further element of the new structure was referred to but at this stage it is not clear precisely how it will operate. Mr Vivian said it is proposed to establish a body to be known as **Voice**. This would be a body of specialist staff that has skills and experience to support individuals and build capacity in communities enabling them assert their own views. It appears that the proposal envisage Voice staff working closely with Patients Forums and with Local Strategic Partnerships. They will also be expected to submit reports and recommendations to Overview and Scrutiny Committees. He said that Voice staff would be expected to work closely with local authorities to ensure coherence and consistency between health and social services work. Voice staff will be located with a host local authority within the area.
9. A discussion document "Involving the Patient and the Public in Healthcare" was published in September 2001. Mr Vivian invited comment about the proposals that it contained; the date has now passed.
10. He also spoke about the role of local authority scrutiny but this was dealt with more fully by subsequent speakers.
11. **Donna Covey** spoke about developing new models of scrutiny and patient advocacy from perspective the CHC. Her theme was, Build on the Best and she clearly thought that much of what the CHC provided was best. Her contribution added to the debate on the issue although it seemed like a rehearsal of the National Association of CHCs response to the discussion document.
12. She said that Local Authority scrutiny would work best if lessons were learned from CHCs. Although accepting some of the proposed new bodies she envisaged different links between them and a continuing role for CHCs. Donna Covey wanted to see public involvement in local authority scrutiny and CHCs, Voices and Patients Forums informing the scrutiny function. Although she did not spell exactly how she saw this working it was clear that she thought benefit would be gained from a close working arrangement between these bodies.
13. She thought that public involvement would identify trends, problems, gaps in the service and concerns. She listed what she said were a number of important elements to scrutiny. She talked about the importance of having access to information and the value of visits to premises both planned and unannounced. Good relationships with NHS staff were important and efforts should be made to influence the agenda at the start.
14. **Fiona Campbell** was the third speaker. She had undertaken work with local authorities on the health agenda. Included in our pack was a paper that she had published giving an overview of the position that local authorities have reached in incorporating health issues into their new political structures. The paper deals mainly with the power given to councils in the Local Government Act 2000 to advance the social, economic and environmental well being of their communities. She says it is hard to imagine a community in a state of social economic and environmental well being that is not also in a state of good health. Many authorities have recognised the importance of the health agenda and have given special responsibility to a cabinet member to act as its champion. The paper raises a number of important issues for Bucks County Council.
15. In her talk Fiona Campbell's first referred to the progress that Councils are making in setting up arrangements for the scrutiny of health, it is still early days but a variety forms have been considered. Some have established or propose to establish separate health committees; others are approaching the issue as part of a thematic brief, e.g. "quality of life" and others as part of a general brief. In discussion some delegates indicated that at this stage their councils had given little thought to the implications of health scrutiny and most were concerned at the extent of the responsibility.

16. Fiona Campbell touched on the issue of relationships with other authorities. It is a complicated situation because health and local authority boundaries are not in all cases co-terminus. There are also various tiers of local authority and this made working together important. She said that unitary authorities would need to develop close links in order to deal with large trusts, counties too would need to work with other counties, unitary and district councils. The link with district councils would be particularly important in relation to Primary Care Trusts.
17. Close relations too with the new patient and advocacy bodies would be important. She listed these as PALs (trust-based staff), Patients Forums (trust based user groups), Voices (hosted by LAs), and the Independent advocacy and complaints service. They will be able to provide valuable information that will be vital to affective scrutiny.
18. Fiona Campbell moved on to discuss some areas that might be subject to scrutiny, she looked at health issues in the broadest context not just related to the provision of the health service within a particular area. In addition committees might also look at partnerships to promote health, external health services, other areas that impact on health, the affect of council policies on health inequalities. She particularly referred to housing, employment, education, and anti poverty policies as they affect health.
19. Fiona Campbell moved on to the second part of her presentation, which dealt with a range of issues including, the member's role, styles and the principles of scrutiny. She said members will have a key role but they would need help to carry it out effectively, training should be given a high priority and in this regard health could be of assistance. The scrutiny role would need to be adequately resourced and provided with sufficient officer support. This raises questions for both health and local authorities.
20. Although the Act places a lead responsibility on Social Service LAs for setting up scrutiny committees it does not say how it should be done. It is expected however that there will be further guidance. Fiona Campbell went on to discuss the possible styles of scrutiny, she said that it must not be seen as yet another inspection regime nor must it be tokenistic. Neither did she favour what she described as confrontational, adversarial or political styles but clearly felt that scrutiny should be collaborative and engaged.
21. The Act requires Chief Executives to be available to meet scrutiny committees twice a year, but she argued that it should not become a twice a year event. Scrutiny should deal with a range of matters, health improvement issues, health inequalities, NHS accountability systems, capacity, skills, expertise and process systems.
22. **Conclusion.** The Conference provided a very useful insight into the proposed changes and it was interesting to hear the comments of delegates from a wide range of Councils. Some were clearly uneasy about the proposed changes, concerned about costs and the additional work. Others were more positive and welcomed the new responsibilities, all agreed that task of scrutinising health is substantial and that it will add considerable to council's workload.