

Local Authority Overview and Scrutiny of NHS Organisations

The implications for Local Authorities and Health Organisations

Why are LAs being given the power to scrutinise the health service?

- To address the "democratic deficit" by making the NHS (the "Executive") accountable to elected representatives
- Part of the process of modernising the system of patient and public involvement in the NHS
- To strengthen local government as a strategic leader in the community

What should LAs be seeking to achieve?

- To develop mechanisms with the NHS whereby the LA is involved in all major changes and policy decisions and there is a more comprehensive structure of patient and public involvement. This should lead to:
 - ✧ Improved transparency and public consultation with easy to understand processes to ensure patient and public access so that they can comment, question and complain
 - ✧ Greater public/democratic involvement and ability to influence health service actions
 - ✧ Greater efficiency in the provision of health services
 - ✧ Robust and unified service planning processes that include all appropriate agencies (e.g. health and social care) and meet health needs
 - ✧ Strengthened accountability with robust arrangements to influence, review and challenge policies and decisions made in the health service
 - ✧ Greater equality in the provision of health care

Who should share with LG in the scrutiny process?

- Patient Advocacy and Liaison Service (PALS)
- Patients' Forums (the Government will probably set up processes connecting these with the LG scrutiny process)
- The wider community (citizens as well as patients)
- Independent Local Advisory Forums (ILAFs)
- Independent Complaints Advocates
- Staff at all levels within the health trusts (they know the business)
- Voluntary organisations and other non-statutory bodies (e.g. patient participation groups where they exist)
- The wider community including socially marginalised groups of citizens
- The new Strategic Health Authority (which will have a responsibility for performance management)

Who should form the Overview and Scrutiny Committee (OSC)?

- Social Services authorities have the lead responsibility
- District Councils can be part of an OSC with the County Council, can have responsibilities delegated to them or can be co-opted
- Representatives of other organisations (e.g. Patients' Forums, the NHS, local citizens) can also be co-opted

What powers does an OSC have?

- Still to be formally consulted on however the powers are likely to include the following:
 - ✧ The ability to call in and examine any decision, policy change etc. made by any of the NHS bodies in its area (this could be very complicated when dealing with regional resources such as Stoke Mandeville or hospitals with a national teaching role such as the John Radcliffe)
 - ✧ A power to refer to the Secretary of State any proposal that is considered by the OSC not to be in the public interest or where the committee considers that adequate public consultation has not been carried out
 - ✧ OSC recommendations will not be binding in law but NHS bodies would be expected to take account of the committee's view and would have to explain why they had chosen to set their opinion aside
 - ✧ Chief Executives of NHS bodies or another appropriate person (e.g. the Finance Officer) would be expected to attend meetings at least twice a year
 - ✧ Able to call in any other NHS staff as appropriate
 - ✧ Able to visit premises and talk to patients, the public and staff

What should be the underlying principles of OSCs?

- Recognise the size of the challenge and that local government at present knows little about the NHS
- Make great efforts to understand the agendas of other bodies
- Have an on-going dialogue with the NHS bodies not just the twice a year "visit" from the CX
- Be seen to be independent
- Develop patient and public involvement and empowerment
- Base recommendations on evidence not opinion
- Be tenacious but not adversarial
- Be committed to working with partners (partnership not competition) and to allow the two-way transmission of ideas and exchange of best practice
- Proper involvement of all stakeholders in developing and implementing new models
- Learning from and improving on the current system (CHCs)
- Working closely with other agencies to ensure that there are no gaps between the various parts of the scrutiny and review bureaucracy. Perhaps to the extent of setting up a joint secretariat and joint working with Patients Forums, PALS etc.
- Remember that structures and systems matter little to users of the services. What they want is to have a process they can understand that gives them a voice and enables them to have their problems dealt with quickly and easily
- To remember that one complaint may seem like a mole-hill but that it could be the beginning of a very large mountain
- To scrutinise the mundane as well as the exciting issues
- Patients and the public are the same people

Will there be any additional resources provided by government to do the work?

- At present this question is still to be answered