Buckinghamshire County Council

Report

Overview and Scrutiny Committee on Partnership

AGENDA ITEM: 7

Date **28th September 2001**

Title **NHS Scrutiny Committee Membership and Terms of Reference**

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Summary

1. Social Services authorities have been given the power by Government to scrutinise the NHS locally. Bucks CC has agreed with District Councils that the County Council should form a committee for this purpose with District Council members being co-opted onto the Committee. It is necessary now to consider the number of members that should sit on the committee and identify terms of reference. Discussions are continuing with District Councils about the precise formation of the committee and funding for support.

Recommendation

2. That the Committee considers the terms of reference for the committee as discussed in paragraphs 6 to 10 below. Also, that members give consideration to the size of the new Committee in line with the recommendation in paragraphs 11 and 12.

The purpose of the report

3. The paper sets out some of the background to the scrutiny of the NHS in order to enable members to consider:

   a) the terms of reference for the new committee
   b) the size of the committee

   The outcome of this consideration would be reported to the Cabinet and inform discussions with the District Councils.

Background

4. Members will know that the NHS Bill contains a range of proposals to strengthen the patient and public involvement in the NHS. The most important for the County Council is the proposal to give Social Services authorities the power to scrutinise the NHS at a local level. In two-tier areas district councils must also have a role in this process. This issue was discussed at the July meeting of the Committee when three possible models for a NHS Scrutiny Committee were considered. These were:

   i. Joint County Council and District Council Committee
   ii. Delegation of the scrutiny powers to District councils
   iii. A County Council Committee with co-opted (voting) members from District Councils

   The last of these was considered by Members to be the most appropriate. It is important that scrutiny should take place at committee level. The main reasons for placing scrutiny in the hands of local authorities is to address the democratic deficit by making the NHS accountable to elected representatives and to strengthen local government as a strategic leader in the community. Therefore it is important that the appropriate weight is given to the scrutinising body.

5. The County and District Chief Executives group (CADEX) had agreed this model. Following the discussion at CADEX the leaders of the County Council and District Councils agreed the proposal for the County Council to set up an Overview and Scrutiny Committee which will include co-opted District Council representatives. District Councils have been asked to nominate representatives for this committee and we are waiting to hear from them. Discussions with District Council officers to take this forward are also underway.

Terms of reference

6. The guidance from the LGA suggests that scrutiny should take place on two broad fronts. Firstly, to review the appropriateness of provision in relation to the health improvement programme and to the needs identified within the community strategy. Secondly, reviewing Health Authority performance. Bearing in mind the scale of what is being considered, the LGA advice is that the scrutiny arrangements should ensure that there is no undue focus on the performance of any one organisation. The scrutiny process should take a broader view on the crosscutting issues across the whole health economy. This seems to be sensible advice and so it could be argued that a good starting point for terms of reference would be to identify high level reviews of strategy and policy as the main focus for the committee.

7. To this end a statement identifying the overriding aims of the committee could be developed. For example "...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 could then lead to a series of statements such as those below indicating that the committee sees its purpose as seeking:

- ✧ Improved health for local people and address health inequalities
- ✧ Continuous improvement in the efficiency and effectiveness of health services and health related services
- ✧ 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
- ✧ Robust and unified service planning processes that include all appropriate agencies (e.g. health and social care) and meet health needs
- ✧ Strengthened accountability with strong arrangements to influence, review and challenge policies and decisions made in the health service

8. The terms of reference could also include a statement that provides an indication of from what sources the committee would expect to obtain information in order to develop its work programme. The NHS Bill suggests that Chief Executives of NHS bodies or other appropriate persons would be expected to attend meetings at least twice a year if required. Also the committee could visit premises and talk to patients, the public and staff. Further, partnerships could be developed with the other groups charged with keeping the NHS under review, i.e. patients' forums, the patients' advocacy and liaison service and whatever replaces the Community Health Councils. Working with these groups could be helpful, not only in identifying areas for scrutiny but also in having a two way transmission of ideas helping to ensure that the arguments behind recommendations are strong and well reasoned. Finally, the NHS bodies themselves may suggest areas that they would like to see subjected to scrutiny. Thus an on-going dialogue with the NHS would be helpful - not just the twice yearly visit from the Chief Executives.

9. Consideration should be given to the reporting mechanisms for the committee. The outcomes of reviews would be presented both to the Cabinet and possibly to the Council. The reports of the overview and scrutiny committees could also be presented to all relevant partners for their consideration. NHS organisations cannot be required to implement those recommendations. However the committee is not powerless in terms of the influence they can bring. They can refer to the Secretary of State any proposal that they consider not to be in the public interest or where the committee considers that adequate public consultation has not been carried out.

10. Finally the committee may wish to consider whether they should produce an annual work plan.

The size of the committee

11. Apart from the Overview and Scrutiny Committee on Lifelong Learning, each of the present committees has 10 members. Lifelong Learning has 18 including 5 co-opted members. If the Partnership Committee was simply to be increased by the addition of the co-opted members and become responsible for NHS scrutiny it would have fourteen members, assuming that each District Council had one member each. This could be considered to be too large a committee.

Therefore it is recommended that the Committee should comprise 11 members with one from each of the District Councils and seven from the County Council.

12. It would be helpful to have members views on what they consider the optimum size for the new committee and the most appropriate balance of District Council and County Council members. This could then form the basis of a recommendation to the Cabinet and further discussions with the District Councils.