

27 JUN 2002



Roger Edwards  
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25 June 2002

Dear Roger Edwards

In January of this year, Hazel Blears MP, Parliamentary Under Secretary for Health, wrote to you about the launch of the consultation exercise on the draft policy to implement local authority overview and scrutiny of health.

We received a large number of comprehensive and helpful responses to the consultation, and the Minister would like to thank you for your participation. It was especially interesting to receive responses on behalf of partnerships involving local authorities, NHS bodies, CHCs and voluntary sector organisations as effective partnership working is paramount for a successful scrutiny process. I am now able to provide you with some feedback from both the consultation roadshows and written comments received, and provide you with more information about how the implementation of this exciting new policy will be taken forward.

We asked you for your comments on a number of key issues. Within this letter I have summarised the way in which these issues are currently being developed with our partner organisations. You will have another chance to consider the issues and ways to address them, in the four week listening exercise on the Regulations and Guidance, which will take place in the early autumn.

You were asked how we could ensure that the resources of local government and the NHS are used effectively to achieve improvements in the quality of services delivered locally via the scrutiny process. From the response received, there was clear recognition of the need to build upon the good practice of partnership arrangements that currently exist between local authorities and NHS organisations. Respondents also referred to the benefits of joint posts and secondments between local authorities and NHS organisations and how these would continue to enable the effective use of resources.

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A number of concerns were raised about the resource implications of the new policy and whether additional resources would be made available. This is something that the Department is considering as part of the wider spending review, the outcomes of which will be known later this year.

Many comments were made suggesting that the planning of overview and scrutiny should be focused on addressing the wider determinants of health, using data from Director of Public Health Annual Reports, Universities, Public Health Observatories, Health Improvement and Modernisation Programmes, community plans, and the outcomes of local strategic partnerships. Respondents stated that effective overview and scrutiny interventions would be those that focused on the wider determinants of health. Annual overview and scrutiny programmes should also make use of expertise developed through the implementation of Best Value within local government. This would enable overview and scrutiny committees and NHS partners to develop a joint vision towards improvement. The Guidance will build upon these suggestions.

Numerous creative ideas about how scrutiny plans and processes might be made accessible to the public and key stakeholders were made. These ranged from building upon to existing networks and communication strategies, to making effective use of information technology and the media.

The draft policy identified some issues about the make up of an overview and scrutiny committee looking at health and the potential for co-opting additional members onto it. A substantial proportion of the respondents raised concerns about the role of district councillors, their status as voting members and the impact that this might have on existing guidance on political proportionality of overview and scrutiny committees. This is an important issue and one that will be clarified in the draft guidance and regulations in the autumn. Likewise, the suggestions received about the practicalities surrounding the delegation of scrutiny powers from one authority to another or from county to district authority, will influence the guidance and subsequent implementation process.

A frequently asked question was 'how can we prevent multiple scrutiny of NHS trusts that provide services across more than one overview and scrutiny authority?' Many useful suggestions have been received and the Department of Health is currently working with colleagues to develop models that will be effective for both overview and scrutiny committees concerned about issues for their communities, and for NHS bodies focusing on effective and appropriate service delivery. This will build upon good practice in other spheres of local government and will take into account the practicalities of joint overview and scrutiny committees.

You were asked whether there is a need for criteria to be set out centrally defining the meaning of substantial development/substantial variation to developments, and if so what would that criteria look like. Many comments were received about the need to enable overview and scrutiny committees to identify what would constitute a substantial development or variation through the knowledge of their own community's. Many of the comments were informed by the experience of community health councils in undertaking their role in monitoring NHS organisations. However, it was also recognised that there was a need to establish a consistent approach across the country. The Regulations and Guidance will ensure that there is clarity for all partners about the process of identifying what may be identified as substantial within this context.

On the issue of training and development to enable local authorities to deliver their power of overview and scrutiny effectively, responses clearly advised that training and development should be available for all key stakeholders involved in overview and scrutiny of health, not solely those making up the committee. This might include staff and non-executives from NHS organisations in addition to representatives from the community and voluntary sectors. Many suggestions were received identifying existing training opportunities which might incorporate skills and competencies needed for effective overview and scrutiny of health. The consultation process also identified the need for and content of information that should be readily available to members of overview and scrutiny committees and key stakeholders.

A number of new initiatives are already being developed by national health and local government organisations to provide information, training and development to support the implementation of overview and scrutiny of health. These will provide core resources that may be built upon to ensure that all areas for development are addressed. In addition to this, those local authorities that have already begun to pilot overview and scrutiny of health, or which have undertaken scrutiny of issues impacting on their own and health services, have provided examples and case studies with their consultation responses. These will be highlighted within the guidance and the training, development and information initiatives, encouraging the sharing of good practice and lessons learnt across the country.

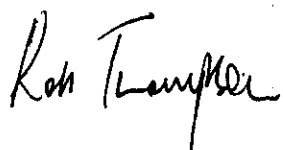
The consultation process has raised other issues, which are currently being discussed. These include, the need for clarification about the relationship between the overview and scrutiny committee and the Council's Executive; the need for clarity about the role of councillors who are also Non-Executive Directors of NHS Trusts and PCTs; the scrutiny of services commissioned by the NHS but provided by the private or independent sectors; the links between overview and scrutiny and Local Strategic Partnerships; and, the status of recommendations made by overview and scrutiny committees to the NHS and other bodies. These issues will be addressed within the guidance and regulations as appropriate.

The consultation on the draft policy for local authority overview and scrutiny of health has been comprehensive and inclusive. The quality and extent of responses has been high and very welcome. It will inform the whole process of ensuring effective implementation.

We are currently finalising the implementation strategy, which of course includes the training and development programme. We aim to start the rollout of the programme later this year. At the same time we are drawing up the regulations and guidance which we shall consult you on in the autumn.

Thank you again for your help to date, we hope you will continue to play a significant part in these developments as they take shape.

Yours sincerely

A handwritten signature in black ink that reads "Rob Thompson". The signature is written in a cursive style with a large initial 'R' and 'T'.

Rob Thompson  
**Head of Patient and Public Involvement**

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