

Scrutiny



How do you know you are getting the most out of your relationship with health overview and scrutiny?

Top tips

Key messages

- Familiarise yourself with the health scrutiny function and powers and local arrangements for its implementation, as it is often carried out jointly with scrutiny of social care and has a role in monitoring progress towards integration of health and social care.
 - Understand your own role in being accountable to health (and social care) scrutiny both as a cabinet member and as a member of a health and wellbeing board; ensure that health scrutiny members are aware that you understand this role.
 - Ensure you have a clear understanding of the respective roles of health scrutiny, health and wellbeing boards and local Healthwatch and their local relations with each other and that your health and wellbeing board understands these roles.
 - Satisfy yourself that there are robust arrangements in place across the local health and care economy to consult with and involve health and social care scrutiny and local Healthwatch in early discussions about possible service reconfigurations.
 - Develop a good relationship and regular contact with the chair and members of the council's health scrutiny committee or panel and be familiar with the local health scrutiny work programme which may also include issues relating to adult social care and integration.
- Ensure that you and your cabinet colleagues have an agreed method of responding to recommendations by health scrutiny.
 - Discuss with your director(s) of adult social care and public health and with the chairs of health scrutiny and local Healthwatch how you might collaborate with health scrutiny in engaging the public and service users and seeking their views and experiences of services.

Why you need to know

Engagement with the scrutiny process is a key way to enhance policy development, particularly around health inequalities. The scrutiny process is cross-party and therefore an ideal platform for research and review supporting the direction and work of the council.

Councils with social care functions can hold all commissioners and providers of publicly-funded health and social care to account for the quality of their services. The health scrutiny function operates through statutory powers to obtain information, ask questions in public and make recommendations for improvements, which must be considered. The way councils use these powers is commonly known as 'health scrutiny' and forms part of councils' overview and scrutiny arrangements.

The powers of the health scrutiny function include requiring council cabinet members to attend and answer questions at meetings held in public and, as with other scrutiny powers, include the option of ‘calling in’ decisions by council executive members for further examination before implementation can take place. As committees of the council and partnerships between local government, the NHS and the voluntary sector, health and wellbeing boards can also be held to account through the local authority scrutiny function, (although decisions of boards can not be ‘called in’ as they are not decisions of the council’s executive).

Proposals for major changes to health services can be referred to the Secretary of State for Health by health scrutiny if they are not considered to be in the interests of local health services or to have been properly consulted on. Most councils have a committee or panel to carry out the health scrutiny function. In many cases this is combined with the adult social care scrutiny function. Health scrutiny committees often work with other scrutiny committees, for example a health scrutiny committee might work with a scrutiny committee for children’s services in carrying out a review relating to children’s health or with a scrutiny committee for housing and planning in reviewing the impact of these functions on health.

The primary aim of health scrutiny as stated by the Department of Health in guidance (see reference below) is to strengthen the voice of local people ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of services and that those services are effective and safe.

Department of Health guidance also states that health scrutiny has a strategic role in taking an overview of how well integration of health, public health and social care is working, a priority issue for adult social care lead members. As social care and health become ever more closely integrated and impact on each other, scrutiny of one many entail, to a certain extent, scrutiny of the other. In many cases health scrutiny reviews will be of services which are jointly commissioned by the NHS and the council.

A source of intelligence and engagement

In addition to its role of holding decision-makers to account on health and social care, health scrutiny also has a valuable proactive role in increasing decision-makers’ understanding of communities and how best to tackle health inequalities.

Lead members are accountable to health scrutiny both as cabinet members and as members of health and wellbeing boards; but health scrutiny can also be a source of intelligence about communities’ health and care priorities, not least because of the relationship between health scrutiny and local Healthwatch organisations. The latter have a remit for to act as a community voice for both health and social care and have statutory powers to refer health (and integration) issues to health scrutiny and in most areas also have a close working relationship with health scrutiny.

Local authority scrutiny committees frequently offer opportunities to members of the public, and service users, their families and carers to talk about their experiences and how services could be improved.

Health scrutiny functions are not there to deal with individual complaints but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. They can look in depth at how a particular service operates, taking evidence from a variety of sources, to produce a report with recommendations. Although lead members may not always agree with the recommendations, the evidence gathered and discussion of the issues can be invaluable in helping to formulate policies, commissioning strategies and evaluation of services.

Through their reviews of particular health and care topics and services, scrutiny committees may be in a position to assist councillors to understand their populations better. For example, a health and wellbeing board or a lead member could ask a health overview and scrutiny committee to investigate through a scrutiny review the low uptake of a particular service in certain geographical areas and make recommendations to the council, the CCG or the health and wellbeing board and others as to how uptake might be increased. A scrutiny review could also be used to test out service users' priorities for integrated services or which of a number of options for service reconfiguration might be acceptable to local communities and how reconfigurations might impact on different groups within communities.

It can be seen that good relations with councillors operating the health scrutiny function and with health scrutiny committees will be important for lead members for health and social care. The relationship between scrutiny and the functions and services it holds to account is often described as that of a 'critical friend'.

Relations between lead members and members of health scrutiny committees or panels may sometimes be uncomfortable, not least because they may, respectively, belong to different political parties. Nonetheless, it is in the interest of each to understand and acknowledge each other's roles and to work cooperatively where opportunities arise.

Cabinet members often have to concentrate on urgent unfolding issues of the moment and may benefit from some of the in-depth work that health scrutiny can do in looking into issues of concern, reviewing how particular services are working or understanding the perspective of a certain group of service users. Some cabinets have asked health overview and scrutiny committees to gather evidence about services or important issues on their behalf, in order to inform commissioning decisions. Collaboration of this kind need not compromise the mutual independence of the scrutiny and executive functions.

There also needs to be a three-way understanding and working relationship between health and wellbeing boards, health overview and scrutiny committees and local Healthwatch. Lead members can play an active role in fostering this relationship.

Some areas have developed protocols or memoranda of understanding between the Cabinet and health scrutiny, the local NHS and health scrutiny and/or between health and wellbeing boards, scrutiny committees and local Healthwatch, to ensure clarity and mutual understanding of roles and responsibilities.

It is particularly important to ensure that members operating the health and social care scrutiny functions and local Healthwatch as well as your communities are consulted and involved at an early stage in discussions about possible significant service reconfigurations. If this does not happen, there is a greater likelihood of proposals for such reconfigurations being referred by health scrutiny to the Secretary of State for Health or to the council for onward transmission to the Secretary of State (the precise mechanism for referral depends on your council's constitutional arrangements).

Are you satisfied that your public and service user engagement strategy and that of the health and wellbeing board include appropriate arrangements for consultation with and involvement of health scrutiny and local Healthwatch, particularly in relation to proposed significant changes to services?

Are you making the most of opportunities to collaborate with health scrutiny, for example in gathering intelligence about service users' views, use and experiences of services?

Questions to consider

Do you understand how the health and social care scrutiny functions are carried out in your authority?

Is there an agreed protocol or memorandum of understanding between:

- the cabinet and the scrutiny function(s)
- the health and wellbeing board, the health and care scrutiny functions and local Healthwatch
- the local NHS, both commissioners and providers, and health scrutiny?
- If not, is there an opportunity for you to take the lead in developing such protocols?

Do you have regular informal as well as formal contact with the chair and members of your health (and adult social care) committee(s) or panel(s) to share information about your work programmes and issues of common interest and concern?

Useful links

Department of Health (2014), Local Authority Health Scrutiny – Guidance to support Local Authorities and their partners to deliver effective health scrutiny:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

The Centre for Public Scrutiny has a major work programme supporting and developing the health and social care scrutiny functions. See its publications, good practice guides and library of scrutiny reviews at: cfps.org.uk/health-social-care

The Centre also has a specific programme of work under way on the role of scrutiny in tackling health inequalities: cfps.org.uk/health-inequalities

It is also working with the LGA on a programme to support council scrutiny in asking the right questions about local approaches to integration of services: cfps.org.uk/integration

Some of the Centre's publications that may be of interest to lead members are listed below.

Centre for Public Scrutiny (2012), Local Healthwatch, health and wellbeing boards and health scrutiny: Roles, relationships and adding value: cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_693_CFPS_Healthwatch_and_Scrutiny_final_for_web.pdf

Centre for Public Scrutiny (2011), Health Overview and Scrutiny: Exploiting opportunities at a time of change: www.cfps.org.uk/publications?item=7008&ofset=25

Centre for Public Scrutiny (2011), Achieving an effective Health and Wellbeing Board: www.cfps.org.uk/publications?item=7006&

Related 'Must Knows'

- How do you know that you understand the needs of your area and what service users want?
- How do you know your council is performing well in adult social care?
- How do you know your council is actively promoting integration of health and social care?



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