

**SCRUTINY COMMISSION – 6<sup>TH</sup> NOVEMBER 2002**

**REPORT OF THE CHIEF EXECUTIVE**

**HEALTH SCRUTINY**

**Purpose**

1. The purpose of the report is to update members on the issue of health scrutiny. The report appears on the agenda at the request of Mr. Rhodes, CC.

**Background**

2. In January 2002 the Department of Health (DOH) published a consultation document entitled “Local Authority Health Overview and Scrutiny”. This document deals with the implementation of the provisions in the Health and Social Care Act 2001 empowering overview and scrutiny committees in social services authorities to ‘review and scrutinise matters relating to the health service..., in the Authority’s area. The DOH consultation document summarises the aim of local health scrutiny as follows:

“In summary, the aim of local overview and scrutiny of health including scrutiny of the NHS is to act as a lever to improve the health of local people. This will be achieved by addressing issues around health inequalities between different groups and working with NHS and other partners to secure the continuous improvement of health services and services that impact upon health.”

3. An officer response to the consultation paper was forwarded to the Department of Health. Briefly, the response highlighted:
  - a) concerns that the consultation paper was silent on the role of local authority executives and reflected a fundamental misunderstanding of the ways local authorities operate. Nowhere in the consultation paper was there any recognition that the executives of local authorities have a legitimate role and responsibility to seek health improvements and reduce health inequalities, including in particular, their statutory role in relation to social services;
  - b) the consultation paper also failed to recognise the role which the full County Council meeting plays in local authorities’ working. The proposed system is one which would mean an Overview and Scrutiny Committee has the power to comment but the full Council does not. If the aim of health scrutiny is to enable scrutiny of health to be conducted not in isolation, but as part of local government’s wider responsibilities to seek health improvement and reduce

health inequalities. The proposed system would fail to achieve this aim, because only some members of local authorities would be able to play a role in the process;

- c) the proposal to exclude 'members of any authority's executive or councillors who are members of policy committees where alternative arrangements have not been set up' is over restrictive and fails to recognise the substantial overlap in two tier areas where Executive members on County Councils may also serve as scrutiny members on district councils and vice-versa. It was suggested that the provision should be limited so that only members of executives of Social Services Authorities are excluded from the scrutiny process;
  - d) whilst the consultation paper refers to ways in which authorities need to work together to ensure a different scrutiny process, it underestimates the substantial difficulties on two-tier areas such as the historic County of Leicestershire where there are three social services authorities (including two unitary authorities) and seven district councils. A further complication is that the various health bodies boundaries do not conform to local authority boundaries.
4. A number of other authorities have raised issues of a similar nature. In addition specific comments were made during the consultation process about:-
- the role of district councillors who might be co-opted to serve on scrutiny committees;
  - issues of political proportionality;
  - resources and training implications.

### **Draft Regulations**

5. Attached to this report is a consultation document recently issued by the DOH. The paper invites comments on the proposed content of regulations to be made under the powers contained in the Health and Social Care Act 2001 and the NHS Reform and Health Care Professions Act 2002. It concerns the functions and responsibilities of local authority overview and scrutiny committees in relation to NHS bodies and duties placed upon NHS bodies, in relation to local authority overview and scrutiny committees.
6. The receipt of this latest consultation paper was drawn to the attention of the Scrutiny Reference Group at its meeting on 14 October. The Group was advised that comments on the paper were required by 18 November 2002. In view of the tight timescale the Group was of the view that the Chief Executive, in consultation with the Group Leaders, be asked to respond to the consultation paper. The Group also noted that discussions would need to take place with the two unitary authorities, district councils and the various health bodies.

6. The Group also noted that the draft regulations would require the County Council to ensure that the arrangements for the overview and scrutiny of health should be set out clearly in the executive arrangements part of the Constitution. Accordingly the Group was of the view that whilst it would be consulted on developments the responsibility for agreeing the basis of future arrangements for health scrutiny should be undertaken by the Constitution Committee of the County Council.

### **Equal Opportunities Implications**

7. One of the key aims of health scrutiny is to reduce health inequalities.

### **Resource Implications**

8. The introduction of the health scrutiny process is likely to require the provision of training for members involved on the process and professional and administrative support from officers in an area of work, much of which is unfamiliar to local government. Representations have been made to the Department of Health by a number of local authorities for the provision of increased resources but no firm response has been forthcoming. The resource implications will need to be considered once the outcome of discussions with other authorities become clearer. The Department of Health has requested the Association of Community Health Councils for England and Wales to develop a training pack to provide assistance to local authorities.

### **Recommendations**

9. The Commission is asked to:
  - a) note the current position on health scrutiny;
  - b) note that the response to the current consultation paper will be dealt with by the Chief Executive, in consultation with the Group Leaders, and that any views members may have should be fed in through the Group processes.

### **Background Papers**

Department of Health Consultation Paper January 2002 – Local Authority Health Overview and Scrutiny and the officer response thereto.

Department of Health Consultation Paper (October 2002) – The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2003.

### **Officer to Contact**

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