
REPORT TO:	Overview & Scrutiny Committee	AGENDA ITEM: 3
DATE OF MEETING:	29 th October 2001	CATEGORY: Open DELEGATED/ RECOMMENDED
REPORT FROM:	Councillor K Richards	OPEN/EXEMPT PARAGRAPH NO:
MEMBERS' CONTACT POINT:	Councillor K Richards	DOC:
SUBJECT:	Scrutiny and Health: A New Role for Councillors	REF:
WARD(S) AFFECTED:	All	TERMS OF REFERENCE:

1.0 Recommendations

- 1.1 To keep abreast with what is happening in the NHS regarding the "Health & Social Care Act 2001" and to maintain regular dialogue with the County Council and whilst still in operation the Community Health Council.

3.0 Purpose of Report

- 3.1 To report back to members an overview of the recently attended seminar on "Scrutiny and Health: A New Role for Councillors." Attended by Councillors Lemmon, Richards and Southerd Thursday 20th September 2001.

4.0 Executive Summary

- 4.1 N/A

5.0 Detail

- 5.1 The Seminar was held at Senate House, Malet Street London and was organised by the Local Government Information Unit (LGIU) and the Democratic Health Network (DHN)
The Chairperson of the Seminar was Fiona Campbell, Co-ordinator of the DHN. The programme was as follows:-
- 5.2 Meredith Vivian, Head of the Public Involvement Team at the Department of Health was our first speaker, she spoke about 'The Health Perspective'. The aim was to have patient and public involvement in the NHS through the NHS Plan. This would enable the patients and the public to have their say and to assist their ability in participation of the decision making process. It would also ensure that the wider views were represented. The service would be scrutinised by those who know and care.

- 5.3 The Patient Advocacy and Liaison Service (PALS) would provide on the spot resolution to problems based within the trust and Primary Care Trust (PCT). Direct access to the Chief Executive would also be available which would enable influence from within. Data to Patients' Forums would also be put in place.
- 5.4 An Independent Complaints Advocacy Service (ICAS) would also be in place. This duty would fall within the remit of the Secretary of State. Complaints against the NHS but independent of it.
- 5.5 Patients Forums would be encouraged in every trust and Primary Care Trust. This would be open to patients and carers and their representatives. The Forum would be monitored and reviewed and would seek the views of the wider community. The Forum would be able to inspect everywhere NHS patients go and would be guaranteed a place on the boards. The aim was to encourage Forums to work together and feed into the community.
- 5.6 It is considered very important to ensure that local people will be able to give their opinions and draw on patients' experiences. This in turn would build local community capacity to speak about their health and health needs. The information would then be fed into HIMPs, LSPs and local decision making bodies. The NHS now has a duty to involve and consult.
- 5.7 The Commission for Patient and Public Involvement in Health would be responsible for making the system work. It would set standards and issue guidance and would also be responsible for identifying good practice ie operation, training and education. It would also inform and report to decision-makers. Its role would also support the voluntary sector.
- 5.8 The NHS would be accountable to elected representatives concerning all aspects of the service to ensure democratic accountability. The Overview & Scrutiny Committee would look at 'matters relating to the health service'.
- 5.9 In order to achieve its goals for commencement in 2002, major changes would be required. A referral to the Secretary of State was required. Regulations and guidance were currently being looked at with a view to consultation taking place in the autumn.
- 5.10 The NHS Plan is committed to modernising the system of patient and public involvement. It will need to look at the existing mechanism and develop a stronger and more comprehensive structure.
- 5.11 Our second speaker was Donna Covey, Director of the Association of Community Health Councils for England and Wales who spoke on "**Scrutiny and Patient Advocacy.**" She considered that it was important to develop new models of scrutiny and advocacy based on, building on the best in order to ensure a seamless service to citizens, which was accessible and transparent.

- 5.12 The aim was to provide better and more efficient services.
- 5.13 Complaints from the public would be referred to the Local Authority Scrutiny whom had direct access to CHCs, Voices and Patients Forums etc. She referred to "Squaring the Quality Circle".
- 5.14 Scrutiny of complaints would enable problem areas to be identified and also to look at patterns of complaints. It would enable best practice issues to be addressed and would involve working with CHCs, PALS and independent people.
- 5.15 With regard to public involvement and scrutiny issues, there would be a duty to involve stakeholder on health bodies. It would be important to scrutinise the public involvement function, as this would identify trends, problems, gaps in services and local concerns.
- 5.16 The practicalities of involving the public would need to ensure that hard to reach groups were included together with patient participation groups, patient forums, Local Authority Citizens Panels and the Voluntary Sector.
- 5.17 For scrutiny to be effective it was important to learn from the CHC experience and to have:
- (a) access to information
 - (b) Visit premises – planned and unannounced
 - (c) Relationships with NHS staff
 - (d) Influencing the agenda at the start
 - (e) Avoiding capture and being drawn in to the arena. "Looking from the outside in"
- 5.18 To move forward, new models would need to build on the best of CHCs but also be independent, effective, accessible, integrated and accountable.
- 5.19 Fiona Campbell (DHN) informed the seminar of the progress so far. DHN surveys result had shown that there had been a 35% response rate including 33% of District Councils. She stated that it was the Councils that were leading and not following. Council were bringing to the forum a diversity of approaches to the various topics.
- 5.20 In summing up Fiona Campbell asked the question "What is health scrutiny for?"
- **To improve the health of local people and address health inequalities between them.**
 - **To secure the continuous improvement of health services and services that impact upon health**

6.0 Corporate Implications

6.1 TBC

7.0 Community Implications

7.1 TBC

8.0. Conclusions

- 8.1 We are entering into a new phase of the Management/Provision of Health Service and there will no doubt be many obstacles to overcome. The Health Service as we know it today has developed over 50 plus years and this has embodied within it many varying views and ideologies.
- 8.2 Some views may be as to what if any participation/involvement sections of society should take in the general Health Service System and there are no doubt many individuals and organisations whom are reluctant to change.
- 8.3 The NHS Plan sets out the Government's ambitions to create a patient-centred NHS. The vision is to move away from an outdated system of patients being outside, towards a new model where the voices of the patients, their carers and the public are heard through every level of the service, acting as a powerful lever for change and improvement. To be effective the patient must be at the centre of everything the NHS does.
- 8.4 Professor Kennedy's inquiry (Kennedy Report) into the Bristol Royal Infirmary set out the principles which should lead to greater public and patient empowerment. The Government agrees with these principles, and the proposals for reform will ensure that these are acted upon throughout the NHS
- 8.5 With the introduction of the Health and Social Care Act 2001 power has been given primarily to unitary authorities and county councils (ie to social services authorities), but District Councils in two tier areas may be included in the Scrutiny process by the relevant County Councils. Adjoining Councils can also set up as a joint body.
- 8.6 Under the new provisions, Chief Executives of NHS organisations will be required to attend the main local authority health scrutiny committee at least twice annually, if requested. It is also intended that council scrutiny committees will be able to refer contested major health service changes to the new Independent Reconfiguration Panel.
- 8.7 As a result of these changes, local authorities have found that at a time when they are already facing radical changes within their political structures, their relations with local health community are also changing and these new relations need to be reflected in the new political structures.

9.0 Background Papers

- 9.1 Democratic Health Network – "Health and the new Political Structures in Local Government"
Department of Health - "Involving Patients and the Public in Healthcare"

Supplementary

We would like to thank the Council for allowing us to attend the Seminar.

We would also like to thank the Chair and Vice Chair of South Derbyshire District Council for their permission to use the civic car.

Not only was it enjoyable for the delegation to travel together but also more economical.

We are of the opinion that car sharing is a vital part of improving the environment we live in but also there were considerable financial saving to this authority by the fact that we used the civic car a proved beyond doubt the cheapest means of transport for a delegation of this size attending a seminar in London.

WORK PROGRAMME COMMUNITY SCRUTINY COMMITTEE (NOVEMBER 2001)					
Date	Best Value Reviews (progress)	Policy Framework	Special Projects	Responsive Issues	
20 November			Training - Overview and Scrutiny (Modern Members Programme)		
26 Nov 2001	Housing Services Car Parking	1 st Deposit South Derbyshire Local Plan	Follow up from October meeting: • Visit to the Planning Department Use of the Council's web site	TBA	
28 November			Training - Community Strategy (INLOGOV)		
14 Jan. 2002	Sheltered Housing - Action Plan (focus on performance management) Cleansing the Environment (Action Plan) Housing Services	Crime and Disorder Reduction Strategy	ditto	TBA	
4 March 2002		Housing Investment Programme	ditto	TBA	
22 April 2002	Development Control (Action Plan) Car Parking Sheltered Housing - (Action Plan)	South Derbyshire Community Strategy	ditto	TBA	