
REPORT TO:	COMMUNITY SCRUTINY	AGENDA ITEM: 5
DATE OF MEETING:	29 TH July 2002	CATEGORY: DELEGATED
REPORT FROM:	DEPUTY CHIEF EXECUTIVE	OPEN
MEMBERS' CONTACT POINT:	Peter Woolrich Ext 5726	DOC: Healthsrutiny.doc
SUBJECT:	LOCAL AUTHORITY OVERVIEW AND SCRUTINY OF HEALTH	REF: myfiles/committees/communitysrutiny/healthscrutiny.doc
WARD(S) AFFECTED:	ALL	TERMS OF REFERENCE: G

1.0 Purpose of Report

1.1 To provide an introduction and background to Health Scrutiny as a prelude to the presentation by Shaun Gordon of Derbyshire County Council on proposals for Health Scrutiny in Derbyshire.

2.0 Content

- 2.1 The Health and Social Care Act 2001 gives Local Authorities who are Social Services authorities, a new responsibility to scrutinise health issues within their areas. In Derbyshire that role now rests with the County Council. The Act extends relevant council's existing powers by enabling them to call in representatives of local NHS bodies for questioning. Health scrutiny represents one of several initiatives in the Government's NHS Plan designed to increase patient and public involvement in the NHS.
- 2.2 It's a new and challenging role, particularly where authorities have had little prior experience of scrutiny or lack of relationships with NHS bodies. To have influence scrutiny committees will need to engage constructively with other agencies although care will be needed to avoid duplicating existing mechanisms for patient and public involvement in health. Members will need to develop a basic understanding of issues affecting the local health economy although are not expected or required to become health experts.
- 2.3 Local authorities will need to work with other agencies to discuss and establish local objectives and priorities for scrutiny particularly as successful scrutiny will require both time and resources from local authorities and the NHS bodies. Focus must be on issues where they can add most value locally. Reviews need not be limited to NHS run services but can include cross agency boundaries and issues that contribute to the local health improvement agenda.

2.4 A Briefing Note from the Audit Commission is attached as Annex A. It indicates that health scrutiny should :

- be forward looking and developmental, as well as reactive and evaluative
- be most persuasive where it provides a robust, independent challenge, aimed at building consensus and identifying solutions, and following up its recommendations
- provide evidence based recommendations drawn on appropriate expertise
- engage local people and reflects their views and needs.

3.0 **Financial Implications**

3.1 None arising from this report

4.0 **Background Papers**

Audit Commission Management Paper
“a healthy outlook – local authority overview and scrutiny of health”