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Scrutiny Report to the City Council

IMPLEMENTATION OF NEW POWERS FOR LOCAL AUTHORITY HEALTH OVERVIEW AND SCRUTINY

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1. PREFACE

By Councillor Hugh McCallion
Chair of the Health and Social Services
Overview and Scrutiny Committee
November 2002



When we embarked on this scrutiny exercise in June 2002, I was mindful of the strategic context in which we were operating. The government's agenda for the modernisation of public services has consisted of many strands and, over the last few years, local authorities and health partners have experienced many changes in the way our services are designed, delivered and reviewed. A key strand of the government's modernisation agenda relates to the need to create more cohesive and integrated working practices between local authorities and health partners. The Local Government Act 2000 and the Health and Social Care Act 2001 have been key drivers placing specific responsibilities and duties on local authorities and the NHS.

Local Authority Health Overview and Scrutiny is one of those responsibilities. This new power comes into effect in January 2003 and will mark a significant milestone in the way the City Council builds its relationships with the NHS, inter-agency partners and the citizens of Birmingham.

I recognise that in the past, these relationships have been strained over a range of issues. I believe the new power for health scrutiny is an opportunity for the City Council, the NHS and the public to build bridges and work together in influencing the health and social care agenda for the future.

The new power is unique. The NHS has not been subject to democratic and public accountability before – the health scrutiny function challenges this. Local authorities have had limited powers for external scrutiny - the new power will allow the City Council to play a pivotal role in working with the NHS and the public so that together, we can identify "logjams" in service provision and recommend appropriate solutions. Local Authority Health Overview and Scrutiny places a duty on the NHS to fulfil certain obligations in dealing with recommendations. I believe the health scrutiny function is not to be underestimated.

Having said this the task ahead is huge. We have worked hard to lay the preliminary foundations but there is still a lot yet to be done. Implementing Local Authority Health Overview and Scrutiny requires the development of appropriate structures, processes and protocols – both in the City Council, the NHS and in relation to the many groups for public and patient involvement in health. Inevitably there are some resource implications for the City Council. The health scrutiny function

needs to be underpinned by full and proper support arrangements so that strident efforts can be made to improve health provision and reduce health inequalities in the City. Without this there is a real danger that the opportunities we have sought for so long will slip away.

For the past six months, the Health and Social Services Committee have been working on this scrutiny exercise in order to determine the scale of the task and develop a plan of implementation for health scrutiny. This report details our findings.

This document will be of interest to Members and officers throughout the City Council as well as our Health and inter- agency partners. On behalf of the Health and Social Services Overview and Scrutiny Committee, I would like to express my thanks to all those who contributed and participated in various events and exercises as we collected evidence for this piece of work. This includes colleagues in the PCTs, NHS Trusts, CHCs and Members and staff of the City Council.

A handwritten signature in black ink, reading "Hugh McCallum". The signature is written in a cursive style with a large, sweeping initial 'H'.

2. EXECUTIVE SUMMARY

- 2.1 Since 2001, Local Authorities have known about the new power for health scrutiny however they have awaited clarification from the government about what the power would actually involve and how it might work in practice. In February 2002, the Department of Health issued a consultation document that set out some broad parameters for the health scrutiny function.
- 2.2 This broad-brush view was sufficient for the Health and Social Services Overview and Scrutiny Committee (previously Healthy, Caring and Inclusive City Overview and Scrutiny Committee) to realise that a lot of groundwork was required before the health scrutiny function could be implemented. Some initial work was conducted between February and April 2002 and then in June the Committee formally initiated a scrutiny exercise entitled "Planning for Health Scrutiny".
- 2.3 In the past few years, there have been many examples of inter-agency working involving the City Council and health partners. Some of these activities have served to strengthen our relationships with the NHS; others have led to inevitable break down of trust and communication. The new power for health scrutiny provides a unique opportunity for local authorities, the NHS and the public to work together to influence the health and social care agenda.
- 2.4 This report reflects key areas of work carried out by the Health and Social Services Overview and Scrutiny Committee in planning for health scrutiny, and makes recommendations for the City Council in implementing the new power that comes into force in January 2003.
- 2.5 The report focuses on 3 key areas:
- Interpretation of draft regulations and guidance for Local Authority Health Overview and Scrutiny issued by the Department of Health on 7 October 2002.
 - Work undertaken to date in preparing for health scrutiny.
 - Future activity and issues for consideration.
- 2.6 The broad conclusions are :
- that the health scrutiny function is a significant development in the government's journey for modernisation of public services. It provides a unique opportunity to build a tri-partite relationship between the City Council, the NHS and the public to address broader health policy issues and the planning and provision of health and social care at local level;
 - the enormity of the task ahead must not be underestimated. The NHS is a huge and complex organisation that is in the midst of continual change and re-organisation. If we are to secure the confidence of NHS staff – already under much stress in meeting targets – we must gain their trust so that they are reassured that the

work we undertake is qualitative and evidence based. We must have the resource base to do this properly. Members and officers working on health scrutiny need to develop a skills and knowledge base to enable them to conduct effective scrutiny of the NHS;

- whilst some initial work has been undertaken to prepare for implementation, there is still a lot to do in terms of establishing structures, processes and protocols, ensuring adequate support arrangements and raising awareness about the new function and how it will work;
- a key aspect of the health scrutiny function is how it relates to an array of patient and public forums – some of which have been recently established. A key building block of the health scrutiny function is therefore to develop an interface with the broader arrangements for patient and public involvement in health.

2.7 The report recommends that:

- In the context of the Government's promised additional resources to support this function, the Head of Scrutiny, in conjunction with the Strategic Director of Resources, prepare an early report outlining the resources for taking this new function forward.
- Council recognises the scale of the task involved in implementing the health scrutiny function and the resource implications set out in paragraphs 6.3.4 and 6.3.5.
- Council ensures that the arrangements for Local Authority Health Overview and Scrutiny are set out clearly as part of the Constitution and that this reflects delegations and terms of reference for Committees.
- Council receives further progress reports on this matter, at six-monthly intervals, from the Health and Social Services Overview and Scrutiny Committee.

3. INTRODUCTION

- 3.1 The Health and Social Care Act 2001 gives Local Authority Overview and Scrutiny Committees the power to scrutinise NHS services and other health-related provision that impacts on the health and well-being of people who live in their area, and their access to health care. It also places a duty on NHS services to provide information to Overview and Scrutiny Committees on the conduct of their work.
- 3.2 The new power for health scrutiny extends the Council's existing powers under the Local Government Act 2000, to promote the social, economic and environmental well being of the local population.
- 3.3 In January 2002, the Department of Health conducted a consultation exercise to seek the input of local authorities and health providers in formulating a framework for health scrutiny. Through the Healthy, Caring and Inclusive City Overview and Scrutiny Committee, the City Council participated in this consultation exercise and a response was submitted to the Department of Health in April (**appendix 1**).
- 3.4 On 7 October 2002, the Department of Health issued draft regulations and guidance proposing the general parameters of the health scrutiny function. A "listening exercise" on this was concluded on 18 November 2002. The Health and Social Services Overview and Scrutiny Committee made a further contribution and its response to the second consultation exercise is contained in **appendix 2**.
- 3.5 The Government intends to lay the full regulations for the health scrutiny function before Parliament on 12 December 2002. The new power is expected to come into effect on 1st January 2003. There will be a three-month "transition" period between the creation of the health scrutiny function and the lapse of Community Health Councils (CHCs) which are expected to cease their role in March 2003. At the time of writing, the Government was yet to make a definitive statement about abolishing CHCs.
- 3.6 Whilst it is up to individual local authorities how they choose to use the power, the Health and Social Services Overview and Scrutiny Committee considers that it provides a unique opportunity to influence the health and social care agenda. Members of the Committee are of the view that the power should be used as if it were a duty.
- 3.7 The health scrutiny function is developing alongside other mechanisms being put in place by the NHS to strengthen patient and public involvement. The government wishes to see greater local accountability, transparency, responsiveness and cohesiveness in the design and delivery of health services. Local Authority Health Overview and Scrutiny Committees are expected to have a pivotal role in making this happen at local level.

- 3.8 The City Council has already decided that it should be the Health and Social Services O&S Committee which discharges the health services scrutiny role on its behalf, and included this function in the Committee's terms of reference in May 2001. This report details the work undertaken by the Health and Social Services Overview and Scrutiny Committee in planning for the implementation of the health scrutiny function.

4 MEMBERSHIP AND TERMS OF REFERENCE

- 4.1 The Health Scrutiny Sub-Committee carried out this scrutiny exercise on behalf of the Health and Social Services Overview and Scrutiny Committee. Members of the Sub-Committee were:
- Councillor Hugh McCallion (Chair and lead member for the exercise)
 - Councillor Catharine Grundy
 - Councillor Jilly Birmingham
 - Councillor Bryan Nott
 - Councillor Jagdip Rai
 - Councillor John Hemming
 - Councillor Nigel Dawkins
 - Councillor Margaret Scrimshaw
 - Honorary Alderman Mrs Theresa Stewart (co-opted)
- 4.2 Dr Jacky Chambers, Director of Public Health, Heart of Birmingham (teaching) PCT/ BCC and Narinder Saggu from the Scrutiny Office provided officer support.
- 4.3 Terms of reference for this particular exercise are attached at **appendix 3.**

5. METHOD OF INVESTIGATION

5.1 In conducting this exercise, evidence was drawn from:

- a health scrutiny seminar conducted in March 2002;
- meetings, written submissions and presentations from the four CHCs in Birmingham;
- meetings with the Chairmen, Chief Executives and Board Members of the PCTs and NHS trusts in Birmingham;
- attendance at seminars, workshops and training events on health scrutiny;
- analysis of correspondence and publications from the Department of Health;
- contact with other local authorities and other networks around health scrutiny;
- reading material, newspaper articles and information available on the internet;
- considering papers on consultation exercises related to health matters e.g. the merger of the North and South Birmingham Mental Health Trusts and the proposed policy of cross-charging for delayed hospital discharges.
- undertaking a pilot health scrutiny on Children's Nutrition – mothers who wish to breast feed, and evaluating a range of methods, processes and future approaches for the scrutiny of cross-cutting health issues. The review panel on this exercise is expected to conclude its work in January 2003.

5.2 Reference is made to some of this evidence in the subsequent sections and can also be found in the appendices.

6. FINDINGS

6.1 PARAMETERS OF THE HEALTH SCRUTINY FUNCTION – INTERPRETATION OF THE DRAFT REGULATIONS AND GUIDANCE

As stated in the introduction at paragraph 3.5, the government is operating to a tight schedule in terms of releasing the final regulations and guidance and implementation of the new power. The Health and Social Services Overview and Scrutiny Committee have therefore assumed that the contents of the draft regulations and guidance offer, more or less, a good guide to what health scrutiny might involve.

6.1.1 Broad Principles

The Department of Health draft regulations and guidance state that Local Authority Overview and Scrutiny Committees will be “scrutinising a health system or economy and not just services provided, commissioned or managed by the NHS”. In referring to scrutiny of “local NHS bodies”, the regulations define these as meaning the Health Authority, the Strategic Health Authority, Primary Care Trusts and National Health Service Trusts.

6.1.2 The aim of health scrutiny

The primary aim of the health scrutiny function is to act as a lever to improve the health of local people. Local agencies are expected to work together in a systematic way and in a culture of openness. Key objectives of the role as suggested in the draft regulations and guidance include:

- to develop solutions to issues that matter to local people;
- to break logjams in the health system that prevent vulnerable people from accessing services;
- to co-ordinate public consultation on health issues across agencies;
- to attract greater resources for health promotion;
- to raise local concerns, challenge rationale for decisions and propose alternative solutions;
- to fill the gap in existing arrangements for performance management - not to duplicate them.

6.1.3 The conduct of health scrutiny

It is clear from the draft regulations and guidance that the health scrutiny function is viewed as a significant development in the government’s modernisation agenda and presents both a challenge and an opportunity for local authorities and the NHS. In practice, it is expected that the conduct of health scrutiny will:

- be based on processes and outcomes that are outward looking and involve local people;
- strengthen and invigorate the representative and community leadership role of councillors;
- focus on health improvement in its widest sense and address issues around health inequalities;

- make recommendations that are achievable and lead to action;
- always be challenging with the recognition that this might at times be uncomfortable for those on the receiving end;
- be persuasive, critical and assertive;
- be probing and incisive and aimed at supporting improvement;
- offer constructive criticism;
- add value.

6.1.4 The role of Councillors

The guidance also emphasises that health scrutiny is intended to be one aspect in the machinery of wider developments around patient and public involvement in health. The role of councillors is highlighted as central to this. Elected members are expected to:

- “stand on the outside” and speak on behalf of the people who need and use health services;
- not become experts but to ask challenging questions as lay representatives;
- remain independent and be able to take on board different perspectives;
- balance expert opinion with public opinion and identify appropriate solutions;
- exert influence and champion the need for change.

6.1.5 Networks for public engagement

At the heart of the health scrutiny function lies the government's desire to address the “democratic deficit” in the NHS so that health provision becomes more accountable and responsive to local needs. Under the Health and Social Care Act 2001 and the National Health Service Reform and Health Care Professions Act 2002, the government is making arrangements for greater involvement of patients and public in influencing the health and social care agenda. These arrangements include the establishment of:

- Patients' Forums – these will be independent bodies made up of patients, carers and other members of the local community. They will have responsibility to promote the involvement of the public in decisions and consultation exercises on matters that affect their health. They will also have powers to **inspect aspects of the work of PCTs and refer issues of concern to different agencies including Overview and Scrutiny Committees**. Each PCT will have a Patients' Forum attached to it. (At the time of writing the Health and Social Services Overview and Scrutiny Committee was awaiting clarification from the Department of Health about the exact nature of the power of Patients' Forums to inspect aspects of PCTs.)
- Independent Complaints Advocacy Service (ICAS) – this service is expected to be run or co-ordinated by Patients' Forums and will support patients and carers wishing to make **formal complaints**.

- Patient Advice and Liaison Services (PALS) - this service is to be provided by each NHS Trust and PCT to support patients and carers in **dealing with matters that are not formal complaints but require a speedy solution.**
- National Commission for Patient and Public Involvement in Health (CPPIH) – this is an overarching body responsible for ensuring **consistency in arrangements for patient and public involvement in health.** It will have the ability to raise patient concerns at a **national level** and monitor the work of Patients' Forums and ICAS.

Interaction with these services and organisations will be a key aspect of the health scrutiny function. The Committee recognises that these emerging forums for patient and public involvement in health must interface and run parallel with, existing arrangements for democratic involvement including ward committees, neighbourhood forums, service user groups and other community/ voluntary sector based groups.

6.1.6 Matters to be reviewed and scrutinised

From the Committee's interpretation of the regulations and guidance, Local Authority Health Overview and Scrutiny Committees can expect to operate at three distinct levels. The table overleaf describes potential areas relating to scrutiny of the NHS. It should be noted that the Health and Social Services Overview and Scrutiny Committee regards health scrutiny in Birmingham as taking place along broad proactive lines with a primary focus on policy development and linking the health agenda to the work of City Council departments and other inter-agency partners. Table 1 should therefore be seen only as an indicative guide.

Table 1	
Level	Types of issues for Health Overview & Scrutiny Committees
Strategic/ national and regional level	• Responding to government consultation exercises as they pertain to health and social care; • Maintaining an overview of government initiatives that relate to planning or provision of services and how they might impact at local level; • Maintaining an overview/ scrutinising major policy framework plans such as HIMPs, NSFs, the NHS Plan, the Community Strategy; • Maintaining an overview of cross-cutting strategic activity and how this relates to local priorities and health improvement e.g. work of the LSP/ CSP, local transport plans, crime reduction strategies, housing needs, Neighbourhood Renewal Strategy etc; • making arrangements for joint scrutiny of issues with other local authorities on cross-boundary or region-wide matters; • undertaking scrutiny exercises that have been delegated by one or more Overview & Scrutiny Committees from other local authorities.
Planning, management and operation of services at City level	• Monitoring, scrutinising and contributing to planning of health services by local NHS bodies including corporate strategies for improving the health of the local population; • Responding to consultation on major service configurations or substantial variations of services being proposed by the NHS; • Monitoring/ scrutinising arrangements for and provision of local NHS services including hospital and community health services; • Monitoring/ scrutinising arrangements for public health; • Monitoring/ scrutinising issues arising from surveys or reports about local NHS services (including audit and inspection reports); • reviewing statistical/ performance information about NHS services; • reviewing/scrutinising NHS policies and assessing their impact locally; • monitoring/ scrutinising arrangements made by local NHS bodies for consulting and involving patients and the public. • Provision of services under Part ii of the 1977 Act or under section 28(c) of that Act; • Provision of piloted services under pilot schemes established under section 28 of the 2001 Act and of Local Pharmaceutical Services (LPS) under the LPS scheme established under schedule 8A to 1977 Act.
Community level	• Monitoring/scrutinising issues arising from mechanisms for patient and public involvement such as PALS, ICAS, Patient Fora, PCT Forums, CPPIH. • Monitoring/ scrutinising any matters referred by Patients Forums (they have a legal power to do this); • identifying patterns and trends from individual complaints that may arise via from Member's constituency work; • monitoring/ scrutinising issues arising or referred by community groups or voluntary organisations; • reviewing areas of concern as identified in local ward development plans; • co-ordinating public consultation on health issues/ health promotion across agencies.

6.1.7 Reports and recommendations

The draft regulations and guidance stipulate that Health Overview and Scrutiny Committees will not have any powers to make decisions or to require others to act upon their suggestions. However the health scrutiny function will be conducted in the public domain and Health Overview and Scrutiny Committees are expected to produce reports and make recommendations about their findings to NHS organisations and where appropriate, other bodies such as the City Council and the City Strategic Partnership.

It is expected that the public availability of scrutiny reports and recommendations and the proactive response and feedback from NHS organisations to elected members and the public will be an important aspect of securing service improvements in health and social care.

Furthermore, the positive and collaborative way in which health scrutiny is conducted will also determine its effectiveness as a “lever for change”. The draft regulations and guidance suggest that local authorities and NHS partners should work within a climate of trust and co-operation. NHS bodies need to be supported in their efforts to become more locally accountable and must feel engaged with setting priorities and understanding the processes for delivering the health scrutiny agenda.

The preparatory work undertaken by the Committee over the past 6 months has enabled us to lay the foundations for this partnership approach.

The draft guidance also suggests that NHS bodies should respond between 8-12 weeks to recommendations made by a Health Overview and Scrutiny Committee. In doing so, NHS bodies are expected to set out what action they propose to take on those recommendations and the reasons for any inaction to specific recommendations. Furthermore, NHS bodies are expected to circulate their response to key stakeholders including:

- Full Council;
- local MPs;
- the Strategic Health Authority;
- relevant Patients’ Forums;
- local voluntary organisations with an interest in the subject matter;
- other NHS Trusts and PCTs;
- other local authorities e.g. neighbouring local authorities.

The response also needs to be made accessible to the public e.g. by making it available at local libraries, community venues and on the Internet.

6.1.8 Consultation of committees by local NHS bodies

The draft regulations and guidance place a duty on every local NHS body to consult Health Overview and Scrutiny Committees on proposals for any substantial developments or variations to health services within the local authority's area. The consultation must begin at least three months before a decision on the proposal is made. Substantial developments or variations are defined as those that may lead to :

- changes in the accessibility of services;
- an impact on the wider community and other services e.g. economic impact, transport, regeneration etc;
- an impact on the needs of patients - either the whole population or small groups;
- changes in the methods of service delivery.

In being consulted by local NHS bodies, Health Overview and Scrutiny Committees need to consider the effect of the proposed changes on patients, carers and the public who use or have the potential to use a service.

6.1.9 Referring matters to the Secretary of State

The draft regulations and guidance stipulate that a Health Overview and Scrutiny Committee will have the power to refer matters to the Secretary of State if it is not satisfied that a local NHS body has:

- allowed sufficient time for the consultation on proposed service developments or variations;
- carried out consultation in an adequate manner;
- been able to prove the merits of any proposals.

The requirement for consultation does not apply to any proposals to dissolve a NHS or Primary Care Trust, proposals for pilot schemes under section 4 of the National Health (Primary Care) Act 1997(1) or decisions that have to be taken immediately to safeguard public health.

6.1.10 Information to be provided by local NHS bodies

The draft regulations and guidance place a further duty on NHS bodies to provide Health Overview and Scrutiny Committees with information about the planning, provision and operation of health services within the Council's area to enable the Committee to discharge the health scrutiny function effectively.

This duty does not apply to confidential information that relates to or that identifies an individual, or to information that may be restricted by statute.

If NHS bodies refuse to disclose information that is justifiably requested by a Health Overview and Scrutiny Committee, the matter can be

referred to an appropriate performance management organisation such as the Strategic Health Authority.

6.1.11 Obtaining information and explanations

In conducting scrutiny reviews, the draft regulations and guidance state that Health Overview and Scrutiny Committees can require the attendance of officers, including Chief Executives from NHS bodies. The purpose of this is to assist with the conduct of a scrutiny exercise and not to tackle issues relating to the performance of individual NHS officers.

Where a scrutiny review needs to consider health care commissioned or provided by the private or independent sector, the draft legislation does not give Health Overview and Scrutiny Committees any powers to require the attendance of private or independent health care providers. Instead, they can request the attendance of appropriate officers from the NHS responsible for commissioning private/ independent services.

Similarly, Health Overview and Scrutiny Committees will not have any powers to require individual GPs, dentists, pharmacists or opticians to attend Committee for the purposes of scrutiny. However if an input from these professionals is required, then Health Overview and Scrutiny Committees can consider approaching alternative sources such as the Local Medical Committee or making a request via the relevant PCT.

6.1.12 Joint committees

The government recognises that Health Overview and Scrutiny Committees from more than one authority will need to work together in certain situations. The draft regulations include a provision for the appointment of joint committees and sets out some parameters for how this might operate.

This is intended to help local authorities to work together on cross-boundary issues as well as building in flexibility around scrutiny of region-wide issues.

Birmingham already has some experience of this. In 2000, Overview and Scrutiny Committees from Birmingham City Council and Sandwell Metropolitan Borough Council worked together successfully, on proposals for the management merger of City and Sandwell NHS Trusts.

6.1.13 Delegated scrutiny

A variation on the theme of joint committees is that of delegated scrutiny. The draft regulations and guidance state that a local authority can, in agreement with another local authority, arrange for the delegation of its health overview and scrutiny functions where it appears that the other local authority is best placed to carry out the scrutiny exercise.

There is some potential for this to happen in Birmingham because of the nature of some of the regional and national services provided by the City's specialist hospitals. This is a matter of concern to some of the NHS Trusts that the Committee has had discussions with e.g. Children's Hospital, Women's Hospital, Royal Orthopaedic Hospital and University Hospital Birmingham.

The draft regulations suggest that the Committee with responsibility for health scrutiny in Birmingham could be required to conduct scrutiny reviews on behalf of other local authorities whose inhabitants have been recipients of these services.

The draft regulations prevent delegation from taking place when the committee in question is being consulted on proposals for substantial development or variations in services.

6.1.14 Directions

Furthermore, the draft regulations and guidance give powers to the Secretary of State to direct local authorities to undertake specific pieces of work involving the scrutiny of services that have a region-wide or national remit. Examples of these include the Birmingham and Black Country Strategic Health Authority or the West Midlands Ambulance Service both of which span several local authority areas. The exact nature of how this will work is yet to be confirmed however, the draft regulations and guidance propose two likely options:

- Option 1 – all local authorities receiving services from a NHS body with a region-wide or national remit **delegate** their functions to the “home” authority where the administrative headquarters of that NHS body is based.
- Option 2 – the “home” authority where the NHS body's administrative headquarters is based **takes responsibility** for setting up a joint committee or delegating functions to another authority.

The Health and Social Services Overview and Scrutiny Committee are of the view that Option 2 would allow greater flexibility in the way Directions, Delegations and Joint Committees are established and managed. At the time of writing the Committee was giving consideration to arranging a meeting of Overview and Scrutiny Chairs from other local authorities to discuss the matter in greater detail.

6.1.15 Co-options

The Local Government Act 2000 establishes clear mechanisms for co-option of members to Overview and Scrutiny Committees. Under the Health and Social Care Act 2001 and the draft regulations for health scrutiny, provisions are made giving voting rights to members of district

council overview and scrutiny committees who may be co-opted onto a Health Overview and Scrutiny Committee of a “responsible authority” i.e. one that has responsibility for social services.

The draft regulations allow for co-option of non-voting members from other organisations and groups such as Patient Forums or voluntary organisations.

Membership of the Health Scrutiny Sub-Committee and the Social Services and Health Sub-Committee currently includes co-opted members.

6.2 PREPARATORY WORK UNDERTAKEN TO DATE

- 6.2.1 Since March 2002, the Health and Social Services Overview and Scrutiny Committee (previously Healthy, Caring and Inclusive City Overview and Scrutiny Committee) has initiated significant developments to prepare for the health scrutiny function. These are outlined below:
- 6.2.2 A successful Health Scrutiny Seminar was held in March 2002 that brought together strategic key players from local authorities and the NHS to discuss the parameters of the health scrutiny function in Birmingham. This exercise served to lay the initial foundations for working collaboratively with health partners on this issue. (Correspondence and seminar outcomes are attached at **appendix 4**)
- 6.2.3 As already mentioned in paragraph 3.3, a response to the Department of Health’s consultation exercise was submitted in April 2002. This is detailed at **appendix 1**.
- 6.2.4 At the beginning of the municipal year 2002, the previous committee structure was reconfigured in preparation for health scrutiny. The current structure comprises a “parent” Health and Social Services Overview and Scrutiny Committee and two Sub-Committees - one primarily focussed on Social Services issues and the other on health scrutiny.
- 6.2.5 At the same time, Dr Jacky Chambers, Director of Public Health, Heart of Birmingham (teaching) PCT/ Birmingham City Council was appointed as Link Support Officer to the Health and Social Services Committee.
- 6.2.6 In formulating the Committee’s work programme 2002-2003, consideration was given to the inclusion of health issues and priorities. As a result 2 scrutiny reviews focusing specifically on health are being conducted alongside 4 others focusing on Social Services issues (but which also incorporate a health dimension). The two health-related reviews are:

- a cross-cutting review to strengthen the links between sport, leisure and health (review proforma and project plan attached at **appendix 5**).
 - a pilot health scrutiny review on Children's nutrition – mothers who wish to breastfeed. (review proforma and project plan attached at **appendix 6**). This pilot scrutiny serves to test an approach to health scrutiny as well as scrutinising progress on a key policy target contained in the NHS Plan.
- 6.2.7 An informal meeting with CHCs was held in July and provided an opportunity to hear key issues from organisations currently fulfilling a semi-health scrutiny function. Further representations are expected at Committee in the coming months. Correspondence and notes of the meeting with CHCs are attached at **appendix 7**.
- 6.2.8 Since May 2002, Elected Members and officers involved in preparations for health scrutiny have attended various seminars, conferences and workshops to develop an awareness, establish networks and gather "intelligence" on the health scrutiny function. An early indication from discussions at these forums is that the practice and developments in Birmingham seem to be at a more pronounced stage than elsewhere in the West Midlands. **Appendix 8** evidences the Chairman's response to a "baseline assessment" conducted by the Birmingham and Black Country Strategic Health Authority. It was noted that the Committee was able to respond, and had undertaken activity, in each of the key areas being probed by the Strategic Health Authority. Furthermore, the Chairman and Officers from the Scrutiny Team have been approached by external organisations (e.g. WMLGA) to share and promote the approach being used in Birmingham. A presentation on our work was given to a health scrutiny seminar organised by the WMLGA and the Health Development Agency on 18 November 2002.
- 6.2.9 In August, every PCT and NHS Trust in Birmingham was sent a letter and proforma seeking their views on a number of issues relating to the development of protocols and processes for implementing the health scrutiny function. The Committee's Chairman and the Link Support Officer offered to attend Board meetings of these organisations and eight of these meetings will have taken place between October and the end November. Several others are due to take place in the new year. (letter, proforma and analysis of responses attached at **appendix 9**).
- 6.2.10 The Committee believes that its preparatory work has resulted in:
- Members having a better understanding of the health scrutiny function and their own role within it;
 - Members being more aware of key health issues and health care within the City;

- local NHS bodies being more aware about the Local Authority's role in conducting health scrutiny;
- the establishment of a collaborative approach to health scrutiny;
- demonstration of the ability to tackle cross-cutting health issues by using a range of methods and approaches e.g. through the pilot health scrutiny on Children's Nutrition and the work of the Sport, Leisure and Health review group;
- establishment of a database of contacts including identifying a named, senior lead officer in each NHS Trust and PCT to act as the key link on health scrutiny
- demonstration of some "early wins" brought about by the impact of scrutiny reviews on existing practices and processes. For example, an activity highlighted by the Sport, Leisure and Health review group – the free-swimming initiative - has been targeted for specific action by the Department of Leisure and Culture working in conjunction with the Birmingham Health Partnership.

6.3 FUTURE ACTIVITY AND KEY ISSUES FOR CONSIDERATION

6.3.1 The work undertaken so far has been focussed on laying the foundations for health scrutiny and raising awareness about the function. This was important, as there has been some fear and apprehension amongst health partners about what health scrutiny might entail. The draft regulations and guidance emphasise that health scrutiny must be carried out in an arena of trust and openness and this needs to be underpinned by sound relationships. Having set the scene, there is a still lot to be done. The publication of the draft regulations and the areas set out in table 1 provide ample indication of this.

6.3.2 In broad terms the key priorities that the Committee needs to consider between now and March 2003 are:

- Future arrangements for linking with and making the best use of NHS systems for public involvement such as PALS, Patient Forums and other user groups;
- The process and criteria for agreeing priorities and deciding on an annual programme of health scrutiny (with an indication of priority areas for years 2 and 3);
- Preparing for transition when CHCs are finally abolished (expected March 2003);
- Developing a communications plan and promoting awareness of the Council's new scrutiny role in electoral wards, media and health related partnerships;
- Continuing to develop the leadership role of elected members in health scrutiny;
- exploring the Committee's future structure and reporting arrangements;
- producing a "concordat " as a basis for working in partnership with local NHS bodies and user groups on the health scrutiny process.

A project plan has been produced and describes this activity in more detail. A route map for this work is attached at **appendix 10**.

- 6.3.3 Last, but by no means least, there is the critical issue of identifying resources to support the health scrutiny function. Currently the main support for health scrutiny has come via the Link Support Officer and a small resource base in the Scrutiny Office.
- 6.3.4 In consideration of the scale of the task ahead this cannot be sustained. Some of the potential functions where we envisage that extra resources will be required include:
- administration of health scrutiny (support for health scrutiny committee and any sub-groups focussing on individual reviews);
 - policy implementation focussing on the development of health scrutiny structures and processes;
 - undertaking research i.e. desk-based research, data collection and analysis etc;
 - networking and co-ordinating the input of the various groups for patient and public involvement;
 - developing and sustaining effective communications channels;
- 6.3.5 The Health and Social Services Overview and Scrutiny Committee has noted that in their “semi-scrutiny” role, CHCs had a total membership of 102 and a staff establishment of 14 whole time equivalent officers. Whilst the Committee is not in any way seeking to replicate this – it certainly raises important questions about how the City Council will be expected to implement the new power to best effect.
- 6.3.6 Under the Comprehensive Spending Review, the Government indicated that funding would be available for health scrutiny but as yet no allocations have been confirmed. The City Council’s Resources Directorate indicates that allocations under the 2002 Comprehensive Spending Review are unlikely to come forth until April 2003. It is then quite likely that it will be wrapped up in an overall allocation.
- 6.3.4 The LGA has attempted to assess the resource implications of the health scrutiny function on local authorities. It is of the view that, nationally, approximately £22m will be required for local authorities (to be phased in over the period of the current spending review) and that this would equate to, on average, about £135,000 per Social Services authority during the same period. The LGA also argues that when CHCs are abolished, some of their resources should be made available to local authorities.

7 CONCLUSIONS AND RECOMMENDATIONS FOR COUNCIL

- 7.1 Local Authority Health Overview and Scrutiny is an important development allowing local authorities, the NHS and the public to work together to improve health and social care provision in the City.
- 7.2 Whilst some preliminary work has been undertaken there is still a significant amount of work ahead.
- 7.3 The schedule for implementation and the need for urgent clarity from the government about certain issues may make the task more onerous. Nonetheless the City Council needs to do all it can to be ready to exercise the new power, if required, from January 2003.
- 7.4 There are resource implications and in consideration of these, the Health and Social Services Overview and Scrutiny Committee recommends that :
- In the context of the Government's promised additional resources to support this function, the Head of Scrutiny, in conjunction with the Strategic Director of Resources, prepare an early report outlining the resources for taking this new function forward.
 - Council recognises the scale of the task involved in implementing the health scrutiny function and the resource implications set out in paragraph 6.3.4 and 6.3.5.
 - Council ensures that the arrangements for Local Authority Health Overview and Scrutiny are set out clearly as part of the Constitution and that this reflects delegations and terms of reference for Committees.
 - Council receives further progress reports on this matter, at six-monthly intervals, from the Health and Social Services Overview and Scrutiny Committee.

APPENDICES

Appendix 1	Response to the Department of Health Consultation exercise on Local Authority Health Overview and Scrutiny (April 2002)
Appendix 2	Response to the Department of Health Listening Exercise on the Draft Regulations and Guidance on Local Authority Health Overview and Scrutiny (November 2002)
Appendix 3	Terms of Reference – Scrutiny Exercise “Planning for Health Scrutiny (June 2002)
Appendix 4	Shaping Health Scrutiny in Birmingham – Correspondence and seminar outcomes (March 2002)
Appendix 5	Terms of Reference and project plan – Scrutiny Review on Sport, Leisure and Health(June 2002)
Appendix 6	Terms of Reference and project plan – Pilot Health Scrutiny Review on Children’s Nutrition – Mothers Who Wish To Breastfeed (June 2002)
Appendix 7	Correspondence and notes of meeting with CHCs (July 2002)
Appendix 8	Chairman’s response to the Strategic Health Authority’s “Baseline Assessment”.
Appendix 9	Working with PCTs and NHS Trusts - Correspondence, Comments sheet and analysis of responses.
Appendix 10	Planning for health scrutiny – a route map

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Our Ref: SSD/PN/ef05

29th April 2002

Health Scrutiny Consultation
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Dear Sir/Madam

Consultation Document – Local Authority Health Overview and Scrutiny

Introduction

This letter sets out Birmingham City Council's response to the Consultation Document on Local Authority Health Overview and Scrutiny and has been produced by the Healthy, Caring and Inclusive City Overview and Scrutiny Committee of the local authority.

The response is underpinned by a spirit of collaboration and examples of good practice evident in Birmingham between the City Council, health partners and other service providers which have stimulated the development of many joint initiatives and activity on a range of health issues. Indeed, improving health and well being in Birmingham continues to be a corporate priority for the City Council and is a prominent feature in our planning processes including the Community Plan, the Cabinet Statement and the Best Value Performance Plan.

In accordance with the Council's overall approach in this area, the Healthy, Caring and Inclusive City Overview and Scrutiny Committee:

- welcomes the power conferred through the Health and Social Care Act 2001 to scrutinise and 'represent democratically local views on the quality, performance and development of health services to NHS bodies';
- welcomes the duty placed on the NHS to co-operate and work together with Overview and Scrutiny Committees in seeking continuous improvements in health services and services that impact on health;
- supports the Secretary of State's intention to have some direct involvement with the health scrutiny function and the opportunity this presents for dialogue relating to outcomes and recommendations of health scrutiny work undertaken in the City.

We believe health scrutiny will provide a unique opportunity to bring coherence to the interface between the Strategic Health Authority, health services and wider provision

relating to health and well being. We recognise that this includes the multitude of health dimensions and health concerns that arise in the context of services provided by the City Council, in addition to those in the voluntary and private health sectors.

Used effectively, we envisage that health scrutiny will become “a lever” and a key mechanism for stimulating and influencing:

- the development of a range of processes to drive forward health improvement and reduce health inequalities;
- the establishment of benchmarks and protocols for achieving regional consistency in health and social care;
- a more creative use and equitable targeting of resources;
- the establishment of more publicly accountable services across the City.

In Birmingham, we have already set the pace for some of this work by adapting our structures and processes to enable us to accommodate and manage the ambitious task ahead.

In formulating our response to the consultation paper, we felt it was appropriate to build on the partnership approach that exists in the City. This response is therefore one that recognises and reflects, as far as possible, a wide range of views. The Healthy, Caring and Inclusive City Overview and Scrutiny Committee held a seminar on 22nd March 2002 involving a broad range of NHS staff, City Council officers and Councillors. We also invited colleagues from all our neighbouring strategic health authorities and local authorities including, in particular, Sandwell Metropolitan Borough Council with whom we have worked closely on specific health matters.

The seminar provided an opportunity to discuss the consultation paper and how the proposed scrutiny function might work in Birmingham. In addition, it served as a useful exercise in ensuring that, from the outset, local authority health scrutiny operates in the context of shared understanding and partnership arrangements between health agencies and the local authority. More significantly, the seminar confirmed that the health scrutiny agenda and the nature of the task ahead is considerable and that a significant amount of preparatory work must be undertaken prior to the health scrutiny function coming into effect in January 2003. Key issues from the seminar are outlined here and form the basis of our response with comments given against some of the specific questions raised in the consultation paper.

General comments about health scrutiny

It is important that health scrutiny is effective in creating consistency of practice, approach and use of resources locally, regionally and nationally and that we are able to minimise variations and any risks of cross-boundary discord at these levels. Any framework produced by the government must take this into account.

It is also clear, on the basis of our own experience of scrutiny, that there needs to be greater awareness and understanding within health services of the scrutiny function. In particular, health partners will need to be reassured about the format and style of scrutiny and its overall purpose and role in securing service improvements. In Birmingham we already use a range of formal and informal processes to achieve the clearly identified objectives of general scrutiny and these will be varied to take account of the nature and depth of individual health scrutiny reviews.

Health services must also feel reassured that health scrutiny is not about targeting organisations or institutions but tackling long-standing and cross-cutting issues around health and social care to bring about real health improvements. Indeed, it is fair to say that a key feature of our work on health scrutiny will be to explore, identify and strengthen those preventative measures that will have the greatest impact on health improvement and reducing health inequalities. We are determined not to focus purely on a reactive model relating to illness and the treatment of poor health.

Our aim in relation to health scrutiny will be to develop a rigorous, thorough and challenging framework that operates within an ethos of collaboration and encourages creative and lateral thinking around health and well being in Birmingham. Above all, we expect health scrutiny to result in real outcomes, provide “added value” and achieve some “critical success factors” if it is to operate with credibility and create synergy around health matters. We would expect the revised guidance to place greater emphasis on all these matters.

Specific comments to questions raised in the consultation paper

Duty of NHS to consult

The consultation paper specifically asks for views on whether there is a need for criteria to be set out centrally defining the meaning of:

- substantial developments of the health service in the council's area;
- any proposals to make any substantial variation in the provision of such services,

in the duty of the NHS to consult their Local Overview and Scrutiny Committee. We consider that it would be helpful to have criteria set out centrally – perhaps an overarching national framework to give uniform guidance to the NHS and local authorities – but with sufficient caveats allowing for adaptation to the criteria at regional and local level. It is important that the criteria should emphasise the impact of any development or variation on the way services are delivered, patient access to services and the style of care provided.

Planning overview and scrutiny

Defining priorities and programmes

A pre-requisite for health overview and scrutiny is a shared vision between local authorities and health services about targets and outcomes they wish to achieve; these are the yardsticks and benchmarks by which service improvement can be measured. We believe it is essential that all organisations with a health dimension to their work be encouraged to come together and make progress with a common direction in mind. In Birmingham, considerable work is already underway to achieve this. We feel that the Government's modernisation agenda coupled with activity such as the preparation of the Community Plan, Public Service Agreements and the Neighbourhood Renewal Strategy have created a sound basis for defining our priorities and programmes around health. We are keen to build on the work already undertaken in these areas. Nonetheless, it would be beneficial to have a regional and national overview of any particular health trends or patterns identified through Community Plans, Neighbourhood Renewal Action Plans etc. to help shape health scrutiny programmes at a local level.

Furthermore, we are mindful that local authorities and health services alike are already contending with planning processes, reviews and evaluations in a variety of shapes and forms, each bringing with it a timeframe and specific demands for information e.g. CHI reviews, SSI, Audit Commission Reviews etc. To ensure effective planning and preparation for health scrutiny reviews, it would be helpful to be aware of a regional schedule of reviews which are planned so that local authorities do not duplicate or impinge on other review and evaluation processes during the course of their work. The government's recent announcement to create a joint health audit and inspection body – Commission for Health Audit and Inspection (CHAI) will help to some extent. Equally, we are mindful that consideration needs to be given to the potential for the excessive review of particular services and the demands this would create for those services. For example The Birmingham's Children's Hospital NHS Trust is a specialist resource providing treatment to children both regionally and nationally. It would be inappropriate for different local authorities to scrutinise various aspects of the service without some overall consistency and co-ordination. Information about such reviews would, therefore, be beneficial and reduce the risk of some NHS Trusts being evaluated more than others because of the nature of the services they provide.

The consultation paper suggests that an Overview and Scrutiny Committee's programme of scrutiny for any year should be discussed with health services in advance. This is recognised in terms of practicalities such as production of information, avoidance of duplication and general preparation. However, we believe that any programmes we devise must contain enough flexibility to incorporate any emerging priorities, particularly those identified by the public through , for example, public and patient forums. It is anticipated that, in Birmingham, we will try to achieve a balance of pro-active and retrospective scrutiny reviews and devise a programme of scrutiny, which is realistic and delivers early successes.

In terms of the content of the scrutiny programme, people attending our seminar were keen that health scrutiny priorities should be drawn from Birmingham's Community Plan on a thematic and cross-cutting basis, for example, children's health and well being, healthy lifestyles, improving access and identifying barriers to services. Also that it might be useful to analyse various satisfaction surveys, evaluation reports and performance data e.g. MORI, Audit Commission, NHS patient surveys, local ward-based plans etc. in order to identify health priorities. We believe it

will be very important to link the selection of priorities with strategic development and user/ patient views and feedback.

Experience of NHS scrutiny

Whilst Birmingham has not undertaken a pilot NHS scrutiny in a formal sense, in autumn 2001, we were involved in a very positive joint scrutiny with Sandwell MBC. In October 2001, the West Midlands NHS Regional Office issued a consultation document setting out proposals to merge two bordering NHS Hospital Trusts, one within Sandwell MBC, the other in Birmingham. In order to respond to this consultation paper, the overview and scrutiny functions of both local authorities worked together and were able to successfully scrutinise the proposals and make recommendations on the way forward. The exercise represented a new and innovative approach to the development of joint working in scrutiny and was based firmly on the principles of health scrutiny currently being advocated by the government. Members and officers involved in the group found the experience to be both useful and rewarding. The exercise has enhanced our links and joint working arrangements with Sandwell MBC. Further details about the processes and procedures adopted during the review are available on request.

Sources of expertise in scrutiny work

As mentioned earlier, collaboration and partnership is a main feature of the City Council's work and this has been incorporated in our approach to scrutiny in general. We believe that Elected Members and officers within the City Council have good mechanisms in place for accessing expertise, advice and support from a range of sources and these will be used to strengthen the health scrutiny function. Some of the sources we expect to access include:

- the many partnerships and working groups that exist within the City;
- support, advice and guidance from colleagues within the Strategic Health Authority, other health partners, neighbouring authorities and Core Cities;
- the jointly appointed Director of Public Health in Birmingham;
- secondment arrangements both within the City Council and with external organisations;
- universities and colleges of higher education – both local and national;
- INLOGOV, the LGA, WLGA, DHN and other government-based networks which offer support and guidance through seminars, training and the provision of information;
- Colleagues, groups and forums within the voluntary sector and
- CHCs so that prior to their demise, we can transfer any skills, learning and issues they wish to share.

Patient and public involvement

In terms of patient/public involvement, there are a number of key issues:

Firstly, the consultation paper seems to focus heavily on the needs of patients and users of health services. As we mention elsewhere, health scrutiny will cover a range of health issues with a balanced agenda aimed at exploring preventative measures as well as treatment of ill health. This will require harnessing the views of non-users as well as users of services and the views of carers, dependants and others affected by the poor health of those around them (e.g. elderly neighbours living next door to someone with a mental illness or a disability, children of sick parents etc.) We therefore advocate the need for a broader definition of public involvement that includes, but also looks beyond, the needs of patients.

Secondly, the local authority, the strategic health authority, other health partners and the voluntary sector must work together to co-ordinate and analyse the range of information being given by patients/service users through the Patients Forums, PALS, or via specific consultation exercises. We also need to ensure early dialogue takes place with the Commission for Patient and Public Involvement in Health (CHAI) – when this is set up, and the Community Health Councils (particularly before the demise of the latter occurs). It would be helpful to have some clarity from the government about how all the proposed forums for public and patient involvement will have coherence and consistency in their interactions with each other as well as with overview and scrutiny committees and other community-based groups and forums. We want to ensure that the health scrutiny function in Birmingham has clearly defined and well publicised routes which maximise public engagement and that the public do not feel confused or overwhelmed by the numbers or models of forums intended for their benefit. This is all the more important when considering the need to avoid duplication and to harness the work of existing mechanisms for public involvement.

Thirdly, specific consultation exercises must follow best practice. Local authorities have worked hard to develop processes and practices aimed at achieving meaningful consultation. Often these have been underpinned by “capacity building” programmes based on the need to support and enable local people and local communities to take part in democratic processes that affect them. We believe the experience of the City Council in this area and the current routes and pathways for public involvement that exist in Birmingham provide an appropriate starting point for promoting and progressing health scrutiny work in the City. This is in the context of both the way scrutiny is undertaken and its work promoted. We recognise that there will need to be publicity and greater sharing of information about the new power of health scrutiny in order that people understand it and see the value of participating in it. We intend to achieve this through joint work with other local authorities and health services, utilising the Government’s proposed structures for patient and public involvement, linking with developments for public engagement supported by Neighbourhood Renewal Funds and our own Local Involvement Local Action initiative and disseminating information through a range of sources (e.g. the Birmingham Voice newspaper, internet sites which are being developed around scrutiny work, availability of public council documents at local libraries, leisure centres, schools and now perhaps extending this to include health centres).

Finally, we endorse the message contained in the consultation paper that health scrutiny is a function to be conducted on behalf of the public. Local authorities, strategic health authorities, health partners and other agencies need to work together

in designing processes and establishing procedures that are clear, transparent and non-bureaucratic so that the health scrutiny function becomes an effective mechanism for meeting the public's aspirations and expectations for health improvement and reducing health inequalities.

Make-up of Scrutiny panels

The consultation paper states that the make-up of scrutiny panels should be dictated by the style and approach appropriate for that element of the health scrutiny programme. We agree with this statement and feel it would be inappropriate for prescriptive guidance to be issued which could interfere with the inclusive approach we already have in Birmingham. As mentioned elsewhere in this letter, we have examples of good practice in joint working on a range of issues, including of course, our recent work with Sandwell Metropolitan Borough Council. We are keen to extend this practice to the health scrutiny function.

Practical arrangements to achieve effective scrutiny

In addition to those already detailed, we feel it is important that the next six to nine months are used to develop protocols between the local authority, strategic health authority and health services around:

- identifying areas for health scrutiny;
- the actual process and operation of health scrutiny i.e. how it will work;
- officer roles and responsibilities;
- issues around confidentiality and handling sensitive information and
- planning and preparation for reviews.

There is also a need, in the longer-term, to develop 'shared information bases' between organisations and effective strategic planning of health scrutiny.

Clarity will need to be achieved within health services and the local authority about the organisational arrangements, resources and support available to the health scrutiny function. Birmingham City Council has only recently allocated much needed senior staff to support the work of scrutiny committees along with some Scrutiny Support and Research Officers. We also recognise concerns expressed by our health colleagues about the potential impact of health scrutiny on stretched resources within the health service. The government needs to give fair consideration to this.

In many local authorities, councillors will already have had training on the scrutiny function and how to undertake this effectively. In addition, they will need specific training about the working of the NHS, roles of different bodies e.g. strategic health authorities, as well as more specific specialist support in relation to interpretation of data and information relevant to particular scrutiny reviews. All of this will require the collaboration of the health service as well as adequate resources. At present, no specific resources have been forthcoming from Government. It is clear that if scrutiny of health is to become an effective part of a user driven NHS, this must be addressed. The consultation paper offers no resolution to the issues of resources, while describing a very broad role for scrutiny which rightly emphasises the drive to reduce health inequalities as well as improve health services. If adequate resources

are not provided, the scope of scrutiny could move to a more restricted brief emphasising patient not public involvement, and health institutions not the broad range of services impacting on health. This would not be appropriate, and indeed, coupled with the fact that health scrutiny is a power and not a duty, it could lead to some authorities marginalising their health scrutiny role and not pursuing it effectively.

Conclusion

Overall, the consultation paper is considered to be broadly helpful in informing and guiding the process of local authority health scrutiny. However, issues such as resources, training, and clarity around public involvement require addressing. Any framework for health scrutiny issued by the government must also give greater consideration to the amount of effort, planning and preparatory work which needs to be carried out well before January 2003 if the scrutiny function is to gain credibility and become a critical driver for health improvement.

A copy of this response will be sent to the Local Government Association (which I understand is responding separately to the consultation), to colleagues in neighbouring authorities and of course, a range of our health and voluntary sector partners.

I am sure you will find this response useful and I look forward to receiving the revised guidance that will follow from the consultation exercise. Should you wish to discuss any of the contents of this letter, I will be most happy to assist.

Yours faithfully

Councillor Hugh McCallion

Chair of Healthy, Caring and Inclusive City Overview and Scrutiny Committee



APPENDIX 2

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Our Ref: HM/DR

14 November 2002

Overview and Scrutiny of Health Listening Exercise
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Copy

Dear Sir/ Madam

Consultation on the Draft Regulations and Guidance – Local Authority Health Scrutiny Functions

This letter sets out Birmingham City Council's response to the consultation on the draft Regulations and Guidance for Health Scrutiny and has been produced by the Health and Social Services Overview and Scrutiny Committee.

The broad thrust and principles of the draft regulations and guidance are in accordance with the Committee's outlook as to how health scrutiny might work in practice. Since the Department of Health's earlier consultation exercise on this matter, Birmingham has undertaken significant steps in preparing for the health scrutiny function.

Our approach has been one that seeks to develop a process that is collaborative, cohesive and responsive to local needs and aspirations but that also seeks to add value through purposeful and constructive enquiry. In spreading the message about health scrutiny we have emphasised that the function will be a unique tool for seeking continuous service improvements and influencing policy development around local health provision – not just in the NHS but across a range of agencies including the City Council. We have also tried to dispel any fears about health scrutiny becoming another layer on top of audit and inspection regimes that the health service is already subject to. We feel key partners and stakeholders are now beginning to understand this and we are pleased that the draft legislation endorses and reflects the approach being used in Birmingham.

Whilst we recognise that the draft regulations and guidance provide a legislative context for the Health Scrutiny function, we are disappointed that the government has yet to respond to two key concerns expressed during the previous consultation exercise.

The first of these is the issue of resources. Under the Comprehensive Spending Review, the government indicated that some resources would be made available for health scrutiny. However as yet we have had no further details about the actual allocations nor the potential capacity of local authorities to use or access other resources integral to the health scrutiny function that existing in the NHS. For instance PALS co-ordinators, Patient Forums etc.

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In Birmingham we have begun to map out what health scrutiny will involve for the local authority and can provide clear evidence of the enormity of the task ahead of us. Health partners, colleagues in CHCs, Elected Members and officers of the City Council have all expressed concerns that without sufficient resources, there is a real danger that the health scrutiny power may not be exercised to the extent that it should.

Currently, in Birmingham, we have no dedicated support for health scrutiny. Member and officer support is primarily concerned with generic scrutiny. One Elected Member and two officers, on a peripheral basis, have been undertaking developmental work on health scrutiny and this is regularly reported to a Health Scrutiny Sub-Committee. In view of the nature of the task ahead of us, we feel this cannot be sustained.

Some of the potential functions where we envisage that extra resources will undoubtedly be required include:

- administration of health scrutiny (support for health scrutiny committee and any sub-groups focussing on individual reviews);
- policy implementation focussing on the development of health scrutiny structures and processes;
- undertaking research i.e. desk-based research, data collection and analysis etc;
- networking and co-ordinating the input of the various groups for patient and public involvement;
- developing and sustaining effective communications channels;

We have noted from our discussions with CHCs that in their “semi-scrutiny role”, they had a total membership of 102 and a staff establishment of 14 whole time equivalent officers. Whilst we are not saying we wish to replicate this – it certainly raises important questions about how local authorities are expected to implement the new power to best effect.

We know that in Birmingham the health scrutiny power will be instrumental in creating change and making a real difference to the health improvement agenda. However, we recognise that there are cost implications of this and, combined with the short timescales for implementation, we are anxious that local authorities are not poorly equipped or unprepared for the task.

The second issue is not unconnected and relates to training and development of elected members. From the previous consultation exercise, we understood that a training package for members was being produced and that information on this would be available in the autumn. Whilst we have undertaken some work with health partners to raise general awareness and enhance our knowledge about NHS issues, we still face the risk of beginning the health scrutiny function in January without the initial support we expected.

Both issues are constant recurring themes that have arisen during the course of our preparatory work and we would welcome the government’s earliest response to these.

Despite the above, the draft regulations and guidance have been helpful in addressing many of the other concerns raised in our response to the previous consultation document. These included matters to be reviewed or scrutinised, definition of “major service configuration/ substantial variations”, dealing with “multiple scrutiny reviews” and make-up of scrutiny panels. On the whole, we are satisfied with the explanations relating to each of these areas. However there are some areas where we feel the draft regulations and guidance could be strengthened so that there is less ambiguity and greater clarity in enabling us to fulfil the health scrutiny function. Comments on these areas and other questions raised in the consultation paper are outlined below.

/ . . .Continued

Citation, Commencement, extent and interpretation

We are concerned about the short timescale between the full regulations being made available (12 December 2002) and the new power coming into effect (1 January 2003). In a large local authority such as Birmingham which will be working with 4 PCTs, 10 NHS trusts, 6 CHCs and an array of Patient/ PCT Forums, we feel we are being given very little time in which to put our operational structures and processes in place. Whilst we acknowledge that 1st January is an indicative date when Health Scrutiny will formally begin to develop, we feel that our organisation needs to be sufficiently prepared to deal with urgent issues that may emerge early in the new year. The government's schedule for commencement makes this an onerous task.

Matters to be reviewed and scrutinised

Overall we are satisfied with the explanations given in the draft regulations on this issue and would wish to see fuller references to the secondary legislation that is mentioned. However, we do wish to make specific comments on the corresponding guidance notes contained in Appendix A of the consultation paper:

- Paragraph 5.2 - Developing an annual plan (please note the guidance paper contains two paragraphs labelled with this number).
- We welcome the recommendation that Overview and Scrutiny Committees should develop an annual plan outlining their priorities for scrutiny. In smaller authorities, an annual, city-wide plan may well suffice however; health and social services structures in Birmingham are currently being reconfigured into 4 quadrants. Each of these areas might even be equivalent in geographical size to a smaller authority but there is no doubt they will have their own set of service and community based issues. We will endeavour to produce an annual plan that reflects city-wide priorities as well as acknowledging particular concerns arising from any of the devolved structures. Nonetheless it would be beneficial if the guidance notes could offer further advice on how we might deal with this.
- Paragraph 5.2 – Developing criteria for selecting priorities. It might be helpful for the Government to know that in Birmingham we have entered discussions with health partners on developing local criteria. This is based around a set of questions to explore and ascertain the nature and importance of the issue to be scrutinised. The questions include:
 - Does the issue meet an intended outcome and is it linked to a wider planned programme i.e. Community Strategy or Neighbourhood Renewal themes?
 - Is the issue relevant to patient or public concerns and needs?
 - Is the issue one of the main “determinants of health”?
 - Does the issue tackle the “connectedness” of services, resources and other areas requiring integration?
 - Is there a gap around this issue – i.e. that it hasn't been looked at by anyone else
 - Is the issue related to a geographical area or neighbourhood with particular health concerns?
 - By looking at the issue, will Scrutiny have added value and made a difference?

Although we are still consulting with health partners on these, the Government may wish to use aspects of our work to complement the criteria suggested in the guidance notes.

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- Paragraph 5.5 - the powers of Patient Forums. The guidance paper states that Patient Forums will have a power to “inspect all aspects of the work of Trusts”, and to “refer issues of concern to different agencies including Overview and Scrutiny Committees”. It would be helpful to have a clear explanation of what this might involve so that the potential for overlaps and duplication between the work of Patient Forums and Overview and Scrutiny Committees can be minimised.

Reports and recommendations

The contents in this section align with our current practice around producing scrutiny reports. We feel we have a robust system in place that can encompass the production of health scrutiny reports with little or no further adaptation.

However we are concerned that in contrast to the earlier consultation document, this section contains no reference to NHS bodies having to respond within 12 weeks to recommendations of a health scrutiny review. Whilst this is stipulated in the draft guidance document, we feel it should actually be included in the regulations.

Our reasoning behind this is that whilst Health Overview and Scrutiny Committees will not have decision-making powers, they will certainly play a key role in making significant recommendations to improve service design and delivery. The requirement of NHS bodies to respond within a given timescale to those recommendations is, in our view, an important aspect of ensuring the accountability of NHS organisations and adding credence to the health scrutiny function. We feel that the Government should consider including suitable timescales in the regulations for NHS bodies to respond to Scrutiny recommendations.

Equally, it would be helpful if the draft regulations and guidance could highlight the responsibility of NHS bodies to ensure that health scrutiny recommendations are properly “processed” through the organisation’s performance management arrangements. If health scrutiny is to be a key feature of the service improvement agenda in health then it is important that health scrutiny recommendations are dealt with and accorded the same status as recommendations from other inspection/ performance management regimes. We would like the final regulations and guidance to outline how health scrutiny recommendations are to “processed and progressed” by local NHS bodies.

Consultation of Committees by local NHS bodies

Whilst we accept the general principles around the duty of NHS bodies to consult with Health Overview and Scrutiny Committees on major service configurations, we feel that an element of ambiguity may exist here. Our understanding is that Health Overview and Scrutiny Committees will represent just one of the many forums which NHS bodies must include as part their wider consultation processes. As such, we expect Health Overview and Scrutiny Committees to access any networks and mechanisms available to them so that they can develop an informed view of the impact of service changes on local communities. Although it is unlikely to happen in Birmingham, we would have concerns if NHS bodies saw Health Overview and Scrutiny Committees as means of administering their responsibility to carry out full and meaningful consultation. We feel that some clear references about the roles of NHS bodies and Overview and Scrutiny Committees around the conduct of consultation should be contained either in the regulations, the guidance document or both.

Information provided by Local NHS bodies

This section adequately covers queries raised during previous consultation.

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Obtaining information and explanations

We note that the requirement for Chief Executives to attend an Overview and Scrutiny Committee twice yearly is no longer an aspect of the Health Scrutiny function. This is helpful in allowing us to develop the function in a way that is flexible and appropriate for Birmingham.

In relation to the issue of Overview and Scrutiny Committees giving “reasonable” notice for NHS officers to attend, we feel the guidance paper should explain that Scrutiny reviews are often conducted within short time frames – some of which are inextricably linked to Committee schedules/ political structures. Whilst attempts will be made to give as much notice as possible to officers, we feel attendance at short notice may also have to be negotiated at times. We are keen to avoid any situations where the conduct or completion of a scrutiny review might be jeopardised by disagreements about periods of notice. Any clarification that the Government could provide in relation to this would enable the function to operate smoothly.

Joint Committees

This section adequately covers queries raised during previous consultation.

Delegations / Directions

The content of both these sections seems to address our earlier concerns around the potential for multiple scrutiny of particular services. However, due to the nature of some of the specialist health provision in Birmingham (and the fact that the City is almost a capital for the region), we are anxious that we do not get so inundated with Delegations and Directions from other local authorities, that we are then unable to deliver on the City’s own annual plan or work programme. This is of course an issue of management and the need to profile some of the concerns that may exist nationally and regionally about specialist health provision in Birmingham. It would be helpful for the guidance paper to stipulate some protocols around this and the potential role of the Strategic Health Authority in acting as an intermediary.

In specific relation to the two options suggested for directed authority, the second option is most preferable for Birmingham. As the “home” authority for many region-wide and national services, it seems appropriate that we take responsibility for conducting a review ourselves, setting up a joint committee to do this or delegating the functions to another authority. This option is the most flexible and would allow us to assess each health scrutiny exercise on its merits and consider how best it should be approached.

To conclude, we feel we are on the threshold of major change both in local authority terms and in our work with health partners. We have assessed in detail what the new power will entail and regard it as a significant milestone in improving health and well being in the City. However there is real danger that the impact of the new power may be minimised if it not accredited with the appropriate resources or if the work of Health Overview and Scrutiny Committees is accorded a lower status in comparison to other service improvement arrangements. It is important that, from the outset, we give out the right messages about the health scrutiny function and that these are then underpinned by a common set of principles, structures and processes which are clearly understood by all partners. We expect the final regulations and guidance to do this and eagerly await their publication along with further information on specific issues raised in herewith.

We trust our experiences and the comments set out in this letter will be of assistance to you.

Yours faithfully

Councillor Hugh McCallion
Chair- Health & Social Services
Overview and Scrutiny Committee

**PROPOSED REVIEW BY THE HEALTH AND SOCIAL SERVICES OVERVIEW
AND SCRUTINY COMMITTEE 2002/2003**

TERMS OF REFERENCE

A. SCRUTINY EXERCISE PLANNING FOR HEALTH SCRUTINY
B. REASON FOR EXERCISE The health scrutiny function takes effect from January 2003. The Scrutiny Committee needs to give consideration to key tasks and activities that need to take place in preparation for this role.
C. OBJECTIVES OF EXERCISE INCLUDING INTENDED OUTCOMES To research and identify: ▪ The scale of the health scrutiny task in Birmingham and key activities that need to be carried out ▪ Overlaps with other health-related work across the City ▪ Structures, processes and resources that are needed for carrying out the health scrutiny function including Identifying health priorities ▪ Communication channels and mechanisms for consulting upon and agreeing and health scrutiny priorities with key partners and stakeholders ▪ Appropriate pathways for public and patient involvement in health scrutiny Intended Outcomes ▪ Vision and direction for health scrutiny and its interface with other health-related activity across the city ▪ Stronger relationships with key partners and stakeholders ▪ Greater awareness of the health scrutiny role ▪ Effective processes for scrutinising health services, improving health and reducing health inequalities
D. LEAD OFFICER FOR EXERCISE Jacky Chambers Support officers to be identified
E. COUNCIL DEPARTMENTS EXPECTED TO CONTRIBUTE TO EXERCISE Social Services, Leisure and Culture (Sport and Leisure Division), Housing, Education, Environmental Services, Scrutiny Office, Legal Services, Lila Team, Policy Development
F. EXTERNAL ORGANISATIONS EXPECTED TO CONTRIBUTE TO REVIEW PTCs, CHCs, NHS Trusts, Birmingham and Black Country Strategic Health Authority, Neighbouring Health and Local Authorities, Forums for patient and public involvement, Voluntary sector, DOH.
G. ESTIMATED NUMBER OF WORKING DAYS FOR EXERCISE Member Time: Officer Time:
H. ANTICIPATED COMPLETION DATE DECEMBER 2002
I. ANY ANTICIPATED CALL ON SPECIAL SCRUTINY BUDGET
AGREED by Overview and Scrutiny Committee on SIGNED COMMITTEE CHAIR

APPENDIX 4

COUNCILLOR HUGH McCALLION

Chair- Health & Social Services
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Ref: NS/NHS

Date: 6th March 2002

«Name»
«Title»
«Organisation»
«Address1»
«Address2»
«Address4»
«Address5»
«Address6»

Dear Colleague

**Response to the Department of Health Consultation Document :
Local Authority Health Overview and Scrutiny.**

As you know, the Government is proposing an ambitious agenda for Health Scrutiny as set out in the above consultation paper and has set an extended deadline of 30 April 2002 for representations to be submitted. As Chair of Birmingham's Healthy, Caring and Inclusive City Overview and Scrutiny Committee, I have a remit to prepare a response on behalf of the City Council. I anticipate preparing a response that will, as far as possible, embrace a wide selection of views including those of the voluntary sector, our inter-agency partners – particularly the Health Service, and colleagues in neighbouring authorities.

Whilst the process of formulating a response needs to be swift and collaborative in nature, I believe it is important that we establish longer-term arrangements and robust mechanisms for effective communication between the City Council and the Health Service. My intention is that we should explore mechanisms for successful teamwork at different levels between our organisations so that from the outset, we can have an “in-built flexibility” in our approach to health scrutiny and maximise opportunities for joint working and discharging our statutory obligations.

In connection with this, I am pleased to inform you that we are considering ways in which we might re-configure our scrutiny structure in order to encompass the new responsibility and the management task it will entail. I attach for information, a copy of a recent committee report outlining some key considerations for the Council.

I have also arranged for a seminar to take place on 22 March 2002 from 3.00-5.00 p.m. The purpose of the seminar will be to bring together some key strategic players in order to exchange ideas, collect information for our response to the consultation paper and lay the

foundations for future networking and collaboration. Further details about the seminar will be sent to you shortly.

In the meantime, should you wish to discuss any matters relating to the consultation paper or to health scrutiny in general, you are welcome to contact the lead officers covering this area of work, or myself. Their details are provided below.

I look forward to seeing you at the seminar.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Hugh McCallion', written in a cursive style.

Councillor Hugh McCallion
Chair Healthy, Caring and Inclusive City Overview and Scrutiny Committee.

Officer contact

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Date: 12 March 2002

Seminar: Shaping Health Scrutiny in Birmingham
Date: Friday 22 March 2002 15.00-17.00hrs
Venue: David Heath Suite, Banqueting Centre, Edgbaston Cricket Ground,
Edgbaston Road, Birmingham B5 7QU

I am writing to invite you to the above seminar.

You may be aware that from January 2003, the government is set to introduce new powers for Overview and Scrutiny Committees placing a duty on Local Authorities to scrutinise health services and services that impact on health. The Department of Health has issued a consultation paper : *Local Authority Health Overview and Scrutiny* which sets out some broad parameters for the Health Scrutiny function. Responses to the consultation paper need to be submitted by 30 April (deadline extended from 16 April).

The aim of the seminar will be to:

- facilitate discussion and exchange ideas between key agencies in order to shape health scrutiny in Birmingham;
- formulate a response to the consultation paper which embraces, as far as possible, a wide range of views;
- initiate the establishment of a strategic network of colleagues to nurture joint processes and systems required for a successful health scrutiny function.

Health scrutiny is an important and exciting development for health services and organisations that interface with health. It presents a unique opportunity for joint working and influencing service improvements across a variety of organisations in order to tackle health inequalities and promote the economic, social and environmental well being of people in the City. I am certain the seminar will mark the beginning of defining a longer-term framework and building collaborative approaches to health scrutiny in Birmingham.

If you would like to attend, please complete the attached reply and return to Megan Montgomery by 18 March 2002.

I look forward to seeing you on 22 March.

Yours Sincerely

Councillor Hugh McCallion
Chair of Health, Caring and Inclusive City Overview and Scrutiny Committee

Shaping Health Scrutiny in Birmingham

Friday 22 March 2002, 15.00 –17.00hrs

David Heath Suite, Banqueting Centre, Edgbaston Cricket Ground, Edgbaston Road,
Birmingham. B5 7QU.

PROGRAMME

2.45 – 3.00	Arrival and refreshments	<i>In the David Heath Suite</i>
3.00 – 3.10	Welcome and Introduction	<i>Councillor Hugh McCallion, Chair - Healthy, Caring and Inclusive City Overview and Scrutiny Committee</i>
3.10 – 3.20	task ahead	<i>Pauline Newman, Lead Officer – Healthy, Caring and Inclusive City Overview and Scrutiny Committee</i>
3.20 – 3.30	Scrutiny and the health service	<i>Peter Spilsbury Director of Health Care Services Birmingham Health Authority</i>
3.30 – 4.15	Workshops	<i>Workshops will take place in the syndicate rooms</i>
4.15 – 4.50	Feedback from workshops	<i>Workshop groups to return to the David Heath Suite</i>
4.50 – 5.00	Closing remarks and next steps	<i>Councillor Hugh McCallion/ Pauline Newman</i>

Seminar: Shaping Health Scrutiny in Birmingham

22 March 2002

Health Scrutiny – General Comments

- Health scrutiny needs to be productive, focused on dimensions of outcome e.g. patient experiences of the health service, how health services impact on health and well-being and general health improvement across the City. It also needs to provide “Added Value”.
- Health scrutiny must not become another bureaucratic and stifling exercise that doesn’t lead to any real and lasting change.
- There is some fear and apprehension about the format and style of scrutiny. We need to dispel the perception that it is some sort of “grand jury”. The Council needs to share information and develop greater awareness about scrutiny and spread the message that health scrutiny is about targeting health improvement and not about targeting institutions or organisations.
- Health scrutiny can be a positive exercise helping to pull people and issues together in a way that has not been possible before. It can play a powerful, challenging and constructive role in tackling long-standing issues and driving change within organisations.
- Health scrutiny must be viewed as a natural and neutral process that is managed well and is properly planned and resourced. It should not duplicate other processes for review and evaluation.
- The foundation for successful health scrutiny lies in building trust and developing skills amongst key partners and agencies. Health scrutiny must adopt an approach which is supportive, collaborative and non-judgemental whilst being challenging and creative.
- There needs to be a shared consensus and vision for health and well-being so that all agencies are working to the same objectives – a ‘whole system’ approach to tackling health.

The Health Scrutiny Agenda – Defining Priorities and Programmes

- The public must be involved in defining health scrutiny priorities – health scrutiny is about what's important for communities and local people. The agenda must not be defined purely by politicians or organisations .
- We could begin to look at priorities by defining and drawing out health inequalities e.g. by age, geography, socio-economic background, ethnicity, areas of significant deprivation, variations in access to services, multi-ethnic services, clinical services, user experiences and variations in outcomes.
- Health scrutiny priorities can also be drawn out from Birmingham's Community Plan with scrutiny reviews organised on a thematic and cross-cutting basis e.g. children's health and well-being, health inequalities and equity of access, identifying barriers to access for certain groups of people, mental health needs, special educational needs, modernising buildings, improving front end access to services, health literacy, sustainable workforce development, safer surroundings, healthy lifestyles, impact of services on improving health, identifying patterns and trends of health care and preventative care etc.
- Health priorities can also be obtained from a range of satisfaction surveys, and other evaluation reports eg MORI, Audit Commission, NHS surveys, Ward Development Plans etc.
- We should prioritise and scrutinise those areas or services where the greatest impact or benefits can be achieved.
- The health scrutiny programme needs to be focused on a holistic view of health and preventative care not purely on illness. It also needs to focus on improving services and making a difference to how services are planned, accessed and delivered.
- There should be a balance of pro-active and retrospective scrutiny reviews. The work programme for health scrutiny needs to be flexible and able to incorporate any emerging priorities.
- The Health scrutiny programme must not replicate existing performance management processes that operate within the NHS and other organisations. However we do need to ensure any health related Performance Indicators and targets are meaningful for the public and are adhered to at community level.
- The Health, Caring and Inclusive City Overview and Scrutiny Committee needs to consider how other Overview and Scrutiny Committees will have an input into health scrutiny and what their priorities are.
- The health scrutiny work programme also needs to be long-term and apolitical. It should be a continuous process that looks ahead at challenges we may be facing over the next 10 years.
- The agenda for health scrutiny needs to be defined and agreed amongst a range of partners with clear timescales and resource implications. The work programme should also be realistic and achievable otherwise we may be in danger of not fulfilling our obligations and discrediting the whole process.
- Other suggestions for scrutiny reviews include – the work of the Birmingham Health Partnership, links between regeneration and health and housing education, social services and employment and how each of these link in with health.

- We could begin by scrutinising the links between the Local Authority and the Health Authority and developing closer working arrangements for planning and integrating services at local level.
- Before considering any potential work programmes, we would need to map and audit all the work and activity that has taken place and identify potential gaps.
- The health service has 5 dimensions of outcome which their performance is measured against: Health status, patient experience, workforce experience, clinical outcome and public opinion. The health scrutiny programme should be about impacting and making improvements in these areas.

Patient/Public Involvement

- The public needs a greater awareness about scrutiny and the role that they can play in it. Health scrutiny is about empowering communities and generating democratic control at community. It provides a unique opportunity for the public to get involved and take control of their health and the provision of health services to meet their needs.
- The public should be actively involved in prioritising areas for scrutiny. Health scrutiny should not be heavily directed by elected members or officers.
- The 'public' should mean the public at large and not select bands of activists who claim to represent communities.
- We should avoid inventing new forums for public involvement when there may be existing forums that could help fulfil the same purpose e.g. community groups, community development officers and organisations within the voluntary sector.
- We should use 'good practice' examples of how to involve local communities. We could explore the use of Neighbourhood Renewal Funds to engage the public and draw out health dimensions.
- We need to ensure that any consultative processes we use for health scrutiny actually work and serve a useful purpose.
- The public doesn't want to be overburdened with survey's and consultation exercises – we need a co-ordinated approach that avoids duplication.
- Health Overview and Scrutiny Committees should have flexible meeting arrangements and techniques for gathering information including going out to the public and to service providers to seek and investigate issues in a cohesive and inclusive way.
- Members of the public who are to be involved in scrutiny need to be properly supported and enabled/ empowered to take part in the process. Some groups e.g. older people may be reluctant to complain about the health service because they feel vulnerable and don't want to risk losing whatever help they can get
- We need to ensure that the right people need to be invited and involved in each scrutiny review so that the Health Overview and Scrutiny Committee gets a clear and accurate view of the situation and has accessed all the information it needs to draw its conclusions.

Practical arrangements for Joint working

- We need to consider setting up 'shared information bases' between organisations so we have access to the same data. There are different sets of information on different geographical areas held by different organisations but this information is not shared in a consistent and co-ordinated manner.
- Need to work across agencies to identify key themes and issues to be scrutinised. Organisational boundaries should not get in the way of joint working
- Issues about confidentiality and handling sensitive information need to be resolved early on.
- Clear timetabling of scrutiny work programmes will help to minimise duplication and reviews clashing with each other e.g. NHS, CHI, SSI etc. This will also help people plan and prepare for scrutiny reviews.
- Need to raise awareness and understanding of organisational processes, procedures and business systems so we don't put unnecessary burdens on each other.
- Need to raise awareness of health scrutiny to reduce fear and suspicion amongst staff.
- Training needs to be considered for those involved on all sides of scrutiny (the scrutinisers, those being scrutinised and the public).
- We need a set of protocols to guide officers in terms of what they need to do and how they need to do it when they are involved in a review. We also need some guidance on officer support for reviews and how/ where we access sources of expertise and advice.
- Health scrutiny reviews should have clear scope and clear objectives with formal and informal routes for information gathering with consideration for referral routes and procedures and processes for getting areas scrutinised.
- We must remember that health scrutiny is on behalf of the public and we have to design our processes so that the public understands them and that they fit in with their needs and aspirations.

Networking

- It seems that mechanisms for partnership and networking on health are not robust enough in Birmingham
- Need to harness existing partnership arrangements and take them into another phase so they are a clear vehicle for making health scrutiny work in addressing health and well being in Birmingham.
- Closer relationship needed between BCC departments eg Housing, Education, Social Services, Transportation and how they interface with health.
- Also we need to strengthen the interface at local level between various services and develop more links between regeneration and health, employment and health, social exclusion and health, private providers and community providers etc.
- Need to establish ground rules for networking so all those involved are clear about the role they have to play.
- Healthy, Caring and Inclusive City Overview and Scrutiny Committee needs to strengthen links and develop closer working arrangements with other Overview and Scrutiny Committees on issues such as employment and health, the economy and health etc.
- The links between social care, economy, regeneration and health do not seem to be as connected as they should.

Collaboration and Co-operation

- Need to map what's already happened and what hasn't. This will also ensure services with particular difficulties are not subject to multiple reviews and evaluation.
- Collaboration is needed between all service providers at three levels – partnership/ strategic, operational/ service and local/ community level. The aim of health scrutiny should be try and check if there any gaps between service providers at the local interface.
- We need to ensure we have shared visions and goals on health care and what organisations can do together.
- We also need to consider collaboration across other authorities.
- We need to change the mindset around scrutiny and alter people's perceptions of what scrutiny means – i.e. changing our culture of working and changing our thinking about health provision.

Responses to the DOH Consultation Paper

- CHCs clarification needed about their role and status after Jan/March 2003.
- PALS – resourcing and recruitment issue also need clarifying – are there internal feedback systems, will they be heavily staffed by volunteers? We need to know how patient forums, PALS etc will integrate with other mechanisms for public involvement.
- Patient/ public involvement – the consultation paper does not make clear how all the patient forums will interact with the Overview and Scrutiny Committees.
- Consultation paper seems to be heavily biased towards NHS and what it means for them – health scrutiny affects BCC as well as other organisations.
- Consultation paper also refers a lot to the needs of ‘patients’ – scrutiny is about public involvement. Not everyone who has poor health or health concerns will be “a patient”. We need to focus on non-users as well as users of services and consider the needs of carers, dependants and others affected by the ill health of those close to them.
- Resourcing issues need to be clarified – health scrutiny has implications for the health service as well as the City Council.
- We need to ensure we have a longer term work programme which is stable and unaffected by potential ‘political climate changes’.
- How do Overview and Scrutiny Committees involve and invite the right people for the right issue so that they don’t get a distorted picture of what’s happening ?

PROPOSED REVIEW BY: HEALTH & SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE

A.	SUBJECT OF REVIEW SPORT, LEISURE and HEALTH
B.	REASON FOR REVIEW The City has a duty to promote the social, economic and environmental well being of people in its area. There is evidence that physical inactivity, lack of exercise and stimulation leads to poor health. This review needs to be carried out to examine the wider role of the Sport and Leisure Division in improving health and well being and reducing health inequalities in the City.
C.	OBJECTIVES OF REVIEW INCLUDING INTENDED OUTCOMES To examine the above and make recommendations for ▪ Sport and Leisure Division's work and how it currently contributes to the health and well-being of the people of Birmingham. ▪ the potential of repositioning/ re-focussing the service to further support the delivery of health improvement ▪ the creation of joint projects with Social Services and/or Education in improving access to Sport and Recreation opportunities for vulnerable groups, particularly Children in Public Care. Intended outcomes: ▪ Greater awareness amongst key partners and customers of the potential of the Sport and Leisure Division's work in addressing health inequalities. ▪ Closer partnership arrangements with key partners in the delivery of health improvement within the City. ▪ Secure targeting of resources (both a human and financial) so that all key stakeholders address health improvement and social regeneration targets, with a specific emphasis on Sport and Recreation.
D.	LEAD OFFICER FOR REVIEW Lead Officer: Ron Odunaiya Support Officers: Mike Dickenson, Ray Davies, Steve Salt, Steve Jarvis
E.	COUNCIL DEPARTMENTS EXPECTED TO CONTRIBUTE TO REVIEW Social Services Transport Education Housing Other Leisure and Culture Divisions Marketing Birmingham(Tourism)
F.	EXTERNAL ORGANISATIONS EXPECTED TO CONTRIBUTE TO REVIEW Birmingham and Black Country Strategic Health Authority, Primary Care Trusts throughout the City, Sport England, Sports Action Zone, Police, Glasgow City Council
G.	ESTIMATED NUMBER OF WORKING DAYS FOR REVIEW REQUIRED Member Time: 6 Member Days Officer Time: 20-40 Officer Days 5 Non-Council Staff Days
H.	ANTICIPATED COMPLETION DATE March 2003
I.	ANY ANTICIPATED CALL ON SPECIAL SCRUTINY BUDGET Potential for benchmarking/awareness visits for members. Travel costs for non-Council staff.
AGREED by Overview and Scrutiny Committee on SIGNED COMMITTEE CHAIR	

Health and Social Services Overview and Scrutiny Committee

Health / Sport Working Group - Actions to support three objectives

Objective	Actions	Deadline
To develop and strengthen relationships with key partners in the delivery of health improvement within the city	• Map all key partners – <i>who are they have we missed any – think outside the box – unconventional links</i> • Map key strategies and objectives • Map Structures and communication networks • Identify most appropriate methods of engagement • Prioritise – key players, key processes, key outcomes • Identify resources	1 Month
To look at innovative ways of using resources of both human and financial nature for all key stakeholders to address health improvement and social regeneration targets, with a specific emphasis on Sport and Recreation	• Map all Human Resources • Map all financial resources • Engage PIU or similar specialist staff to facilitate new thinking • Identify Health Improvement and Social regeneration targets/priorities – What is their vision? • Gap analysis to identify gaps in current provision • See where resources could be better employed to achieve priorities • Consider barriers to implementation of “Together We Can” recommendations • Develop recommendations for more innovative use of human and financial resources	2 Months
To look at the potential of joint projects with Social Services, Health or Education in improving access to sport and recreation opportunities for vulnerable groups, particularly Children in Public Care	• Benchmark, nationally and internationally for best practice • Identify relevant projects informed by findings of previous two objectives • Agree outcomes • Agree resources • Agree performance management requirements • Agree organisational / cultural reform required to support innovative projects, such as cross boundary working and unconventional use of both human and financial resources	2 Months

PROPOSED REVIEW BY HEALTH & SOCIAL SERVICES OVERVIEW & SCRUTINY COMMITTEE

TERMS OF REFERENCE

A.	SUBJECT OF REVIEW Children's Nutrition - Mothers who wish to breast feed
B.	REASON FOR REVIEW ▪ To test initial approach to health scrutiny prior to broader scrutiny of children's health ▪ To assess progress on the implementation of policy measure identified in NHS plan
C.	OBJECTIVES OF REVIEW INCLUDING INTENDED OUTCOMES ▪ To review what support is given to mothers who wish to breast-feed from within and outside the NHS. ▪ To assess what steps have been taken by NHS Trusts in this area.
D.	LEAD OFFICER FOR REVIEW Doctor Jackie Chambers, Director of Public Health – Heart of Birmingham PCT(t)/Birmingham City Council, supported by Narinder Saggu and Dawn Richards (Overview and Scrutiny Office)
E.	COUNCIL DEPARTMENTS EXPECTED TO CONTRIBUTE TO REVIEW ▪ Economic Development (Regeneration) ▪ Urban Planning (Public places)
F.	EXTERNAL ORGANISATIONS EXPECTED TO CONTRIBUTE TO REVIEW ▪ NHS Acute Trusts (With Maternity Units) ▪ PCTs : DPWs; Health Visitors; Community Parents; Breastfeeding Counsellors. ▪ Voluntary Sector: La Leche; Community 'buddy' schemes; Support Groups. ▪ UK Baby Friendly! ▪ NHS Welfare Confederation
G.	ESTIMATE NUMBER OF WORKING DAYS FOR REVIEW REQUIRED Member Time: 3 meetings Officer Time: 7 Days
H.	ANTICIPATED COMPLETION DATE End of December
I.	ANY ANTICIPATED CALL ON SPECIAL SCRUTINY BUDGET None
J.	Agreed by the Health and Social Services Overview and Scrutiny Committee on SIGNED..... COMMITTEE CHAIR

DRAFT PROJECT PLAN

HEALTH OVERVIEW AND SCRUTINY SUB COMMITTEE:

CHILDREN'S NUTRITION

Objective	Actions	Timescale	Responsibility
To develop and test one approach to "health" scrutiny based on partnership working and public involvement.	Contact partner organisations and communicate internally, explaining context, purpose and timescale for review.	Mid August	Chairman/Dr Chambers
To tackle a "cross cutting" health issue, namely children's nutrition, growth and development and learn from experience.	Agree core membership of working group eg vol sector; mother; Finalise project plan, support arrangements and meeting schedule – Phase 1; Phase 2; Phase 3 Assemble comparative information on children's nutritional state, growth and development. Prepare report - identify gaps in available data.	End July End August	Chairman + Members of WG Public Health Network
To review the extent to which breast feeding as a policy measure relevant to children's nutrition, and recommended in the NHS plan has been implemented locally.	<u>Phase 1 – Understanding the policy relevance</u> Summarise national and local policy documents – key elements. Invite national and local experts to provide evidence – scientific, good practice; barriers to uptake; comparisons with other countries/cities etc. Understand potential health impact of breast feeding on infant and child health in Birmingham.	ALL by first meeting in September	Scrutiny Staff Dr Chambers /Chairman Members

	<u>Phase 2 – User views on breast feeding</u> Site visit – split informal discussion with a selection of mothers/ voluntary groups on their experience of breast feeding and support given. NB must address access issues for black and ethnic minority women. 1:1 Q and A session with media – BBC/local newspaper editor. “Open house “ for City Council employees/Members/NHS staff to describe their experiences (NB dads + mums). <u>Phase 3 – Local implementation: review of progress</u> Presentation by Breast Feeding Coordinators - 4 NHS Trusts +/- CEs or Medical Directors. Written submission from 4 PCTs with telephone follow up if required. Submission on midwifery /HV training and development – Colleges responsible for Nurse Training; NHS Workforce Confederation. Presentation of relevant projects/schemes funded through regeneration and economic development programmes – education/family support/public places. <u>Phase 4 –Influencing policy and practice</u> Write report for main committee with recommendations on policy issue and future development of	At 2 nd meeting in October	Scrutiny staff to arrange visits Members to lead one site visit each - 1 per member
		At December meeting	Scrutiny staff – contact details from Dr JC Dr Chambers Scrutiny team - with input from Directors of Public Health in each PCT Relevant City Council officers

	scrutiny process Evaluate what has been learnt. Summarise key action and learning points for Main Committee. Invite comments and feedback from partner organisations and participants – evaluate process and impact.	By January meeting	Dr Chambers /N Saggu
To understand and promote the role of the City Council in influencing health and well being through the scrutiny process.	Engage local and professional media in dissemination Use internal and external communications channels eg Trust Boards; staff newsletters etc. Present as a case study – Cabinet ; Health Partnership ; CSP ; PCTs; St HA, nationally etc.		Chairman O and Scrutiny Health SubCommittee

APPENDIX 7

COUNCILLOR HUGH McCALLION

Chair- Health & Social Services
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13 May 2002

Brendan O'Brien
Chair
East Birmingham Community Health Council
St Peter's Urban Village
College Road
Saltley
Birmingham
B8 3TE

Dear

Local Authority Health Overview and Scrutiny – invitation for the involvement of CHCs

I am pleased to inform you that the City Council has reconfigured its structure of overview and scrutiny committees in order to embrace the task of health scrutiny which comes into effect in January 2003.

As the name indicates, the Health and Social Services Overview and Scrutiny Committee will be responsible for scrutinising Executive decisions on social services, aspects of leisure and sport as well as scrutiny of the health service and services that impact on health. As Chair of this committee, I anticipate that we will have one main committee supported by two sub-committees responding specifically to social services issues and those relating to health and leisure or lifestyle matters.

Before the Committee commences its work programme, I believe it is important that we hear directly from colleagues in CHCs about particular issues, concerns or other outstanding matters that they may wish to share. CHCs have a wealth of expertise and knowledge that is not replicated elsewhere and I recognise that they can make a valuable contribution to guiding the process of health scrutiny whilst it is still in a developmental stage.

On this basis, I would like to invite a representative group of colleagues from CHCs to formally present some of their experiences, thoughts and ideas to elected members. If possible, I would like them to attend the July meeting of the Health and Social Services Overview and Scrutiny Committee. I would be grateful if you could give consideration to this and liaise with the scrutiny officer identified below in order that the matter can be included on an appropriate agenda.

As always, please do not hesitate to contact me should the need arise.

Yours sincerely

Councillor Hugh McCallion
Chair of the Health and Social Services Overview and Scrutiny Committee

Officer contact

Narinder Saggu, Senior Overview and Scrutiny Officer
Tel: 0121 464 4982 - email: narinder_k_saggu@birmingham.gov.uk

KEY DISCUSSION POINTS

Establishment of Patient Forums and issues around public engagement

- Under Section 11 of the Health & Social Care Act 2001, the Strategic Health Authority will have to demonstrate active involvement with patients and the public. Statutory Patient Forums are to be established and seem to be a good opportunity for engaging the public. Other methods should also be explored.
- Criteria for the operation of patient forums should be determined to ensure they cover a wider remit than CHCs.
- Patient Forums will need to be “fully representative” in nature if they are to be successful.
- PCT Forums are also to be established alongside Patient Forums. The difference between the two appears to be that Patient Forums will operate, to some extent, like CHCs and PCT Forums are likely to focus on their own PCT area. PCT Forums may have access to more staff and resources via the acute trusts.
- There are currently 2000 members of CHCs. Patient/PCT Forums need around 7000 volunteers. It is unclear how and where all these people are to be recruited from and what roles they are to perform.
- Hard to reach groups and those who are intermittently in receipt of treatment are likely members of patient forums. Some areas may find it difficult to get adequate representation. There may be a danger that ‘expert’ patients might ‘take over’ and not represent the real voice of patients.
- Using complaints as a way of assessing patient experience will be unrepresentative as complaints received by hospitals can be very different to those received by CHCs.
- There is also a lot of vagueness about how complaints and issues get dealt with. This sometimes depends on whether you are classed as a patient or a member of the public (i.e. different processes exist once you have been discharged).
- Carers may also be a useful source for assessing patient experience. However they will have limitations on their time which will affect how actively involved they can be. Scrutiny might need to think about providing relief cover when engaging with carers.
- It would be a good idea for Scrutiny to be involved in shaping the criteria for Patient/ PCT Forums and identifying gaps and target areas.

Independent Complaints Advocacy Service (ICAS) and the Commission for Patient and Public Involvement in Health (CPPIH)

- It is possible that 4 ICAS units may be set up - one in each of the PCT areas. However this would not be a sensible use of resources. As PCT forums will also be in existence, it would be better to have one ICAS unit covering the whole of Birmingham. This unit could play a co-ordinating role, pulling together issues from each of the PCT areas.
- The government is indicating that the CPPIH is to be based in Birmingham – the NHS, City Council and other organisations may be able to develop an early relationship.
- Recruitment to Patient Forums may be easy initially but if no “quick hits” or early successes are gained then this might dampen enthusiasm people may have. Retention of staff is also an issue.
- Slow progress of issues at central level/ bureaucratic level and public expectations around this can also be disheartening.

Abolition of Community Health Councils

- No dates have yet been identified for abolition of CHCs.
- CHCs will still be in existence when Health Scrutiny comes into effect in January 2003 – need to ensure that there is no replication between the two.
- It is important to maintain constant dialogue and effective communication between BCC & CHCs in the meantime.

Health Scrutiny by Local Government

- Health scrutiny will be a powerful route for creating the pressure for change in public services around a range of health issues.
- Resourcing of Health Scrutiny continues to be an issue. BCC have some resources but may have to commission expertise. Effective networking and close collaboration with partners will be important.
- Resource issues also exist for the NHS as it must respond within 12 weeks to recommendations of O&S Committee and will need to discuss with relevant PCT about how concerns are to be addressed. In some cases O&S concerns may extend to more than one PCT and may spread across the whole city and a whole range of providers.
- New staff will be needed with health service experience to support scrutiny. Managers in the Health Service may respond better to a Strategic approach to health scrutiny than those at an operational level.
- CHCs have built up lots of experience over the years about specific hospitals in terms of structures, organisation, provision, contacts etc. Scrutiny needs to build on this knowledge base. The Health Scrutiny agenda needs to be flexible so that emerging priorities can be incorporated. Potential ratio could be 75% fixed 25% flexible.
- Health Scrutiny work programme will need to cover areas that haven't been subject to review or inspection in any form in the past.
- It is important that membership of O&S Committee is representative and covers a range of expertise. The views of different people should be integrated into the work programme depending on the issue being investigated. Different methodologies and approaches should also be explored.
- Need to be careful that political structures and processes do not prevent the smooth running of Health Scrutiny particularly during the period May-August.
- The task ahead is enormous and requires joint working. We need to draw in expertise to enable us to set up processes for establishing priorities and map out areas requiring the greatest input. It is important that we think beyond the constraints of the municipal year and think long-term. Health Scrutiny will almost be a safety net for all the things that slip through other agencies.
- Ways of gathering information to help us manage the task include seminars and focus groups which could be open to people from a wide variety of backgrounds and interests. It would be useful to develop a collection of local health networks i.e. "health observatories" that will inform local health developments.

- It is important that health scrutiny maintains a strategic overview and policy development around health rather than focusing just on the “scrutiny” aspect. Important that O&S committee keeps an eye on the ball without getting enmeshed in the detail.
- Suggested priorities include
 - Examining the fundamental issues around the capacity and structure of health services – primary and acute – to see that they meet the needs of the people of Birmingham.
 - Examining resource deployment in the NHS e.g. PFI and the need to build in the flexibility to respond to the demand for bed spaces etc.
 - Looking at peri-natal mortality, childhood nutrition and looking into the nutrition of pregnant mothers.
 - Monitoring progress made by the NHS on its ten-year strategy.
 - Reviewing the service gap and potential impact of inner City GPs who are expected to retire in huge numbers in the near future.
- One of the initial tasks in planning for health scrutiny will be to define the limitations of the function i.e. what health scrutiny does and does not involve. It is important that the committee structure remains joined up so that cross-cutting issues such as bed-blocking continue to be covered.
- We need to ensure that health scrutiny has a strong inter-relationship with a range of areas e.g. regeneration, leisure, education and housing etc.
- New methods and approaches to scrutiny need to be developed and promoted e.g. joint working groups, cross-agency review panels etc.
- The health scrutiny work programme will need to balance strategic direction with service delivery at ground level and set out clear paths for public engagement and public contribution to developing an agenda.
- It will be important to have co-ordination at a regional and national level so that organisations are not subject to multiple scrutiny. O&S committees with similar interests in a particular area should work alongside each other or with other agencies to conduct a single scrutiny on a particular issue.

Narinder Saggu
 Senior Overview and Scrutiny Officer
 0121 464 4982

COUNCILLOR HUGH McCALLION

Chair- Health & Social Services
Overview and Scrutiny Committee
Birmingham City Council
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Victoria Square
Birmingham B1 1BB
Tel: 0121 303 1732
Fax: 0121 303 4555
E-mail: Hugh_McCallion@birmingham.gov.uk

Our Ref: HM/DR

24 September 2002

Elizabeth Buggins
Chairman – BBCHA
St Chad's Court
213 Hagley Road
Edgbaston
Birmingham
B16 9RG

Dear Elizabeth

Overview and Scrutiny of Health Services in Birmingham

I write to you in my capacity as Chair of Birmingham's Health and Social Services Overview and Scrutiny Committee in the hope that we may share information and exchange ideas on developments around health scrutiny. Whilst we are undertaking extensive preparatory work on devising a local agenda, I feel it is important that we have an understanding of activity being undertaken at a regional level with health partners. The Strategic Health Authority has a key role in this area and we are keen to strengthen our links with you and establish open dialogue.

For information, I have enclosed for you:

- A recent committee report which briefly summarises the work we have undertaken to date around health scrutiny. A draft project plan which broadly outlines some of the activity we will be concentrating on over the next couple of months is appended.
- A project plan on Children's Nutrition which illustrates the various methodologies which are being adopted

Implementing the new power for health scrutiny has been foremost on our agenda for several months now and we have tried to ensure that local NHS organisations feel involved and have the opportunity to contribute to our processes. Examples of this include a health scrutiny seminar that was held in March this year and meetings with CHCs. I am currently, arranging a series of meetings with PCTs and NHS Trusts in Birmingham to gather their views on criteria, processes and themes for developing a work programme.

On a more strategic level, I am also giving consideration to how we might develop a regional forum of O & S Committee Chairs so that we can meet with neighbouring local authorities to discuss arrangements for joint scrutiny reviews. I would welcome the opportunity to discuss this further with you.

Finally, I am aware that you have recently contacted a range of organisations across the Birmingham and Black Country area with a “baseline assessment” questionnaire to assess the progress being made in preparing for health scrutiny. I am pleased that your organisation is taking a lead role in maintaining a “regional perspective” for health partners on this matter and is raising awareness amongst PCTs and NHS Trusts about the important task ahead.

I have attempted to complete your questionnaire as far as possible and hope this will be helpful in providing an indication of our current position. Incidentally, key areas of interest for us that I would have liked to see included in your questionnaire are:

- The scrutiny of cross cutting health themes (e.g. Children's health, drug prevention treatment, teenage pregnancy and other topics related to health inequalities);
- Progress on the development of patient forums and pct forums and
- The continuing role of CHCs and co-ordination of their work with O & S committees.

I would appreciate any information you might be able to share with us on these areas.

I hope this letter is helpful. Should you have any queries or require further details on any aspect of the information now provided, I will be most happy to assist.

Yours sincerely

Councillor Hugh McCallion
Chair- Health & Social Services
Overview and Scrutiny Committee

Enclosures Committee report – Progress on health scrutiny 12 September
 Preparing for Health Scrutiny – Draft Project Plan
 Children's Nutrition – Mothers who wish to breastfeed – project plan

Copies to **Chairs/Chief Executives of PCTs & Trusts in Birmingham**
 Members of the Health & Social Services O & S Committee
 Dr Jacky Chambers – Director of Public Health POB(t) PCT/BCC
 Sheila Marriot – Director of Learning & Org. Development, BBCHA
 David Martin – Acting Chief Executive, BBCHA
 Nick Partridge – Team Leader, Scrutiny Office, BCC
 Narinder Saggu – Senior Overview & Scrutiny Officer, BCC

Health Overview and Scrutiny arrangements

Birmingham City Council Response to Questionnaire

Question	Response
1. Who have you identified as a lead on Overview and Scrutiny within your agency?	▪ Lead Member: Councillor Hugh McCallion Chair – Health and Social Services O&S Committee ▪ Lead Link Officer: Dr Jacky Chambers, Director of Public Health HOB(t) PCT/ BCC ▪ Scrutiny officer: Narinder Saggu, BCC ▪ Support Officer: Dawn Richards, BCC
2. Is there any multi agency leadership/capacity?	▪ BCC leading on implementation of Health Scrutiny ▪ Links to various partnerships and networks including Birmingham Health Partnership
3. What stage of preparedness has been reached? Please forward any available reports that have been to your Board/Cabinet etc stating the most up to date position.	▪ Making steady progress towards achievement of Audit Commission objectives for successful health scrutiny. Progress report and project plan supplied
4. Have you piloted, or do you intend to pilot, any Overview and Scrutiny activity?	▪ Undertook pilot health scrutiny on City/ Sandwell Hospital merger in 2000 ▪ Currently undertaking pilot health scrutiny on Children's Nutrition – Mothers who wish to breastfeed
5. Where does the scrutiny of health services fit? Is it a separate or a combined scrutiny panel?	▪ Our O& S Committee structure includes a sub-committee on health scrutiny. Review panels and working groups are set up to scrutinise specific service issues ▪ Would have concerns if PCTs and NHS trusts had their own scrutiny panels as this may cause confusion with statutory remit of Local Authority O&S Committees
6. What support resources are available within the health services/the Council? Are other resources allocated?	▪ Budget allocation for health scrutiny to be announced around October by the government ▪ Dr Jacky Chambers as Link officer on Health scrutiny (as part of her joint role an element of her time is dedicated to scrutiny) ▪ Two officers from BCC Scrutiny team dedicated to work with Health & Social Services Committee.
7. Has a single model/methodology been chosen for the operation of the scrutiny function? e.g. Audit, Inquiry, Select Committee. If you plan to use a combination of approaches, do you have clarity or criteria about when each will be used?	▪ No single methodology – flexible approaches being adopted depending on issue being investigated (see Children' Nutrition project plan ▪ Criteria for approach/ type of scrutiny to be developed
8. How is the agenda chosen/how is the decision made on what will be considered? How reactive/proactive is the process?	▪ BCC have developed collaborative framework enabling health partners to contribute to developing our work programme. Methodology includes seminars, ongoing dialogue with CHCs and communications meetings

	with PCTs and NHS Trusts Agenda expected to be largely pro-active with room to react to emerging priorities (75:25 split or 60:40 being considered)
9. Has any work been done on a programme of work?	Priorities identified for health scrutiny. Interim work programme on health scrutiny currently in place
10. To what degree will attention be paid to services provided by partners or services outside the NHS? (e.g. local authority, private and voluntary organisations).	- Awaiting govt guidance on working with private providers - Some voluntary providers receive grants from local authorities and can already be scrutinised by councils. - O & S Committee is clear that the new power is intended to focus on all services that impact on health and not just the NHS
11. Who is involved in the scrutiny process? E.g. lay people, community representatives. Have any links been made with Shadow patient forums or other representative groups?	- Links made with CHC - Links to be made with emerging Patient and PCT forums - Public/ user views incorporated into existing scrutiny review methodology - Co-option of members to O & S committee considered where appropriate - External expertise invited where appropriate
12. Has any thought been put into cross boundary issues? With what outcome?	- Regional local Authority forum being considered to deal with cross-boundary issues - Strategic Health Authority will also play a role in this
13. Has there been any training of staff, Members, or community representatives?	Government Training and Development package awaited
14. How will the relationship with any partnership bodies or boards be affected/developed?	Through for example - Birmingham Health Partnership - West Midlands LGA Health Scrutiny Network - DHN

Our Ref: HM/DR

8 August, 2002

«Title» «FirstName» «Surname»
«JobTitle»
«Org»
«Address1»
«Address2»
«Address3»
«Address4»
«Address5»
«Address6»
«Address7»

Dear «Title» «Surname»

Local Authority Health Overview & Scrutiny – Making it work locally

You may be aware that in March earlier this year, the City Council organised a successful Health Scrutiny Seminar, which many of you were able to attend. The aim of the seminar was to establish a collaborative framework in which key partners and stakeholders could work together to shape the health scrutiny function in Birmingham.

We are now in a position where we need to take this work further and look at practical arrangements that need to be put in place to guide and support the health scrutiny function. The government is indicating that the new power for health scrutiny is expected to come into effect in January 2003 with draft guidelines possibly being available around the autumn.

As indicated at the seminar in March and as set out in our response to the Department of Health consultation document, I am committed to developing a scrutiny process that is:

- Focussed and forward looking;
- Credible and effective;
- Based on partnership working whilst placing patient and public experience at its core;
- Helps to drive the city's health improvement agenda and
- Addresses a range of cross cutting health themes.

This presents a significant challenge for organisations – both culturally and operationally. I am keen to ensure that our preparatory work is therefore inclusive and takes into consideration as wide a range of views as possible.

On this basis, I would like to meet with members of each PCT and NHS Trust in Birmingham so that we can discuss current developments around health scrutiny and any future activity that, in your view, might need to take place. Some of the areas that I would like your particular assistance with are:

1. Producing a forward agenda – priority topics and initial themes for scrutiny
2. Criteria and selection of priorities – mechanisms for doing this
3. Establishing protocols for engagement and operation of the health scrutiny function - agreeing some “ground rules”.
4. Different approaches to health scrutiny – testing these out in advance
5. Establishing effective communication channels – key contacts, gathering and sharing information
6. Raising awareness and “educating” lay members, managers and staff about the scrutiny role
7. Evaluating the health scrutiny process and providing feedback/ learning.

In relation to points 4 and 5, the Department of Health is recommending that it would be helpful to have a named key individual in the NHS who can work alongside O&S Committees. It also advises that O&S Committees can undertake a ‘pilot health scrutiny’ to test their approach. The Health and Social Services Overview and Scrutiny Committee has selected “Children’s Nutrition” as a pilot area. This forms part of a broader thematic review on Children’s Health which was an area suggested at the seminar in March. I am happy to discuss this in more detail when we meet.

My intention is to perhaps attend one of your board meetings between September– November. I would be grateful if you could identify a half-hour slot on a forthcoming agenda and contact Dawn Richards, Scrutiny Support Officer (0121 303 1732) with the appropriate details. In the meantime, it would be helpful to have an early indication of your views. Please could you complete and return the attached form by 3rd September. A range of background material is also enclosed for your information.

Yours sincerely



Councillor Hugh McCallion
Chair- Health & Social Services
Overview and Scrutiny Committee

Copies to: Chief Exec/Chairman - Birmingham & Black
Country Strategic Health Authority
Health and Social Services Committee
Dr. Jacky Chambers
David R. Jones
Patrick Heath
Narinder Saggu
Deb Wilkes

Enclosures: Key issues from Health Scrutiny Seminar – 12 March
2002
Health and Social Services Overview and Scrutiny
Committee – Work Programme 2002/03
Audit Commission Briefing – A Healthy Outlook

Local Authority Health Overview and Scrutiny – Making it work locally

Comments Sheet

Please complete and return by 3rd September to:

Dawn Richards, Scrutiny Support Officer, Scrutiny Office, The Council House, Birmingham City Council, Victoria Square, Birmingham B1 1BB

What might be included	Your Comments
1. Producing a Forward Agenda – topics and themes for health scrutiny	
▪ Crosscutting thematic reviews linked to the Community Strategy such as: Children's health, Healthy lifestyles, Safer Surroundings, Health literacy, Equity of access to health services, Workforce development etc. ▪ Health inequalities/ health improvement based on target groups e.g. by age, gender, ethnicity	
2. Criteria for selecting priorities/ issues	
Criteria based on questions: ▪ Does the issue meet an intended outcome and linked to a wider planned programme i.e. Community Strategy? ▪ Is the issue relevant to patient/ public concerns/ needs? ▪ Is it one of the main “determinants of health”? ▪ Does it tackle the “connectedness” of services, resources and other related issues? ▪ Is there a gap around this issue – i.e. it hasn't been looked at by anyone else ▪ Is the issue related to a geographical area or neighbourhood with particular health concerns? ▪ Does it add value/ Best Value?	
3. Protocols for engagement	
Engagement based on: ▪ trust, openness and transparency ▪ strong collaborative relationships that are non-judgemental but challenging, ▪ innovation and creativity, ▪ shared access to information and data ▪ cross-agency, cross-boundary working ▪ Consensus on issues of confidentiality/ sensitivity ▪ Clarity of roles and remits ▪ Clear timetabling of reviews linked to other processes e.g. CHI, CHAI, SSI etc ▪ Inclusive processes particularly for the public/ patients.	

4. Approaches to health scrutiny	
▪ Pro-active and retrospective ▪ Flexible to emerging needs ▪ Joint scrutinies i.e. different local authorities working together as well as the NHS and the local authority working together.	
5. Effective Communication	
▪ Named individual from NHS ▪ Clear processes for information gathering and information dissemination during a review ▪ Clear referral routes and procedures ▪ Healthy ongoing dialogue ▪ Inclusive consultation mechanisms	
6. Raising awareness	
▪ Information about organisational processes, procedures, business systems ▪ Seminars and training events ▪ Newsletters ▪ Officer/ member guidance packs on conduct and processes for reviews	
7. Evaluation and review of scrutiny processes	
▪ Monitoring and tracking of reviews ▪ Evaluation of work programmes ▪ Contribution to corporate outcomes ▪ Feedback from partners and the public	

A Health O & S Making It Happen

Summary of Responses to Comments Sheet

Producing a Forward Plan

In producing the Forward Plan, the themes considered useful included giving consideration to 'quality of access' observing social, economic, mobility and ethnicity. Ensuring that scrutiny reviews were thematic (children's services, city-wide maternity services) rather than organisational and that these theme were strong in order to bring about health involvement's that utilised already established multi-agency links.

Criteria for selecting priorities/issues

In considering the criteria for selecting priorities/issues patient/public concerns were viewed as paramount and should responded to accordingly. In addition proactive and reactive scrutiny should be highlighted and separate process for managing reactive scrutiny issues should be drawn up. Finally, health issues (NSF priorities, PCT Business Plans and Community Strategy) should also be built into the process.

Protocols for equipment

Generally the group concurred with BCC, however recognised the importance for an agreed protocol for managing health scrutiny which adopted the principals of Best Value. The protocol would serve to reduce and allay anxiety, increase understanding and secure long-term relationships.

When planning reviews, each review should be timed periodically therefore ensuring optimum impact and achievable outcomes.

Approaches to Health Scrutiny

In looking at ways on how best to approach Health Scrutiny, it was perceived that reviews should be forward looking concentrating on areas of influences. Local Authorities, when scrutinising large catchment areas, should work together and remain flexible to changing needs. In addition scrutiny should continuously observe confidentiality and cultural sensitivity.

Effective Communication

To encourage effective non-threatening communication, existing information systems would be utilised to convey successes and key results.

Raising Awareness

Target resources and use appropriate communication methods to reach the widest audience.

Evaluation of Review and Scrutiny Process

This process must be focused and add future value with 6 – 12 monthly evaluation updates of implementation of review conclusions built-in to the process. Corporate outcomes must influence and inform and not be replaced.

Investigate/Research						Analyse		Draw Proposals			Implement	
Raising own awareness, building trust and relationships with NHS partners and understanding the policy context Submitted response to DOH consultation exercise												
			Building links with WMLGA, other Govt. organisations and other local authorities. Learning from CHCs, establishing some health priorities and conducting Pilot Health Scrutiny									
						Produced project plan identifying key areas for action						
							Continue raising awareness./building trust & understanding health priorities through Roadshow meetings with PCTs/NHS Trust					
								1. Identify structures and processes for health scrutiny 2. Identify resources to support H/S 3. Identify criteria for selection of priorities 4. Develop outline Annual Plan 5. Step-up developing skills base for Members/Officers 6. Step-up raising general awareness.				
										Confirm and share Annual plan		
										7. work with CHCs in implementing Annual Plan and conducting health scrutiny. Learn lessons from pilot health scrutiny. Build networks with PALs, Patient Forums etc and prepare for transition post –CHCs		
												8. Review initial approach