

# a healthy outlook

## local authority overview and scrutiny of health

**Local authorities have been given a new responsibility to scrutinise health...**

- the Health and Social Care Act 2012 gives overview and scrutiny committees the power to report on matters relating to the health service in their area
- this extends councils' existing powers by enabling them to 'call in' representatives of local NHS bodies for questioning
- health scrutiny is one of several initiatives in the Government's NHS Plan designed to increase patient and public involvement in the NHS

**...but the new role presents a difficult challenge, particularly where authorities have little prior experience of scrutiny or poor relationships with local NHS bodies.**

- scrutiny requires elected members to develop new skills and take a more active, investigatory role
- if they are to have influence, overview and scrutiny committees will need to engage constructively with other local agencies

- care is needed to avoid duplicating existing mechanisms for patient and public involvement in health, or NHS performance management
- elected members need to develop a basic understanding of issues affecting the local health economy, but their role is not to become health 'experts'

**Local authorities need to work with other agencies to establish local objectives and priorities for scrutiny...**

- successful scrutiny demands time and resources from local authorities and NHS bodies
- scrutiny cannot cover everything; members need to focus on the issues where they can add most value locally
- reviews should not be limited to NHS services, but look across agency boundaries and contribute to the local health improvement agenda
- local NHS bodies should contribute by sharing information about their priorities and performance, and adopting a positive attitude to scrutiny

**...and adopt approaches to scrutiny that will ensure the process adds value locally.**

- health scrutiny should be forward-looking and developmental, as well as reactive and evaluative
- scrutiny will be most persuasive where it provides a robust, independent challenge, aimed at building consensus and identifying solutions, and follows up its recommendations
- recommendations must be evidence based and draw on appropriate expertise
- the process needs to engage local people and reflect their needs and views

**Scrutiny can play a key role in improving local health and health services, provided that it focuses on issues where it will add most value and adopts a challenging but constructive style.**

# What is health scrutiny for?

1. Local government is changing the way it carries out its business. New political structures formally distinguish between councillors' executive role and their responsibility to scrutinise the impact of the council's activities. Moreover, local authorities are being encouraged to look beyond their own service responsibilities and to promote the social, economic and environmental well-being of their areas.

2. From 2002, local authority overview and scrutiny committees (OSCs) will have a new power to report on matters relating to their local health service and will be able to require that local NHS representatives answer questions before the committee. But successful scrutiny will involve much more than this: the new role provides an opportunity to influence improvement in both local health and local healthcare. It also presents a challenge – practically and culturally – to the NHS as well as local government. Not surprisingly, there are differing views on the potential of the new role [EXHIBIT 1].

## EXHIBIT 1

### Health scrutiny – visions of triumph and disaster

Opinion on the potential of the new role is divided.



Source: Audit Commission fieldwork

3. Local authority overview and scrutiny comes at a time of great upheaval for the NHS. As well as structural change, local NHS bodies face demanding new performance targets and a strengthened regulatory regime. Scrutiny introduces a new aspect to NHS accountability. It is not professional inspection or patient advocacy; it is locally focused review by lay, elected representatives on behalf of the community at large. However, OSCs must link and share information with other new mechanisms for patient and public involvement in healthcare.

4. Scrutiny has merit in itself as an accountability tool, but it must also seek to improve local practice and the experience of service users. So, to ensure that scrutiny of health adds value, it must be forward looking and developmental, as well as reactive. Recognising the reality of joint working, OSCs should look at issues for the local health economy (such as public health or accessibility to health/social care), not just individual NHS bodies. To have influence, scrutiny must be challenging and persuasive. If the process is confrontational, or relies on opinion rather than evidence, it is unlikely to engage the public or lead to positive improvement.

*To have influence, scrutiny must be challenging and persuasive*

## Making health scrutiny work locally

5. Getting health scrutiny right will not be easy. Local authorities and health bodies need to work together to develop a framework for health scrutiny [EXHIBIT 2]. Elected members are not health ‘experts’, but they will need to understand the demands on local NHS bodies and the impact of the national policy framework. For their part, local NHS bodies should adopt a positive approach to scrutiny,

accepting its legitimacy and being willing to discuss complex issues in terms accessible to the lay person.

6. Councils start from very different positions in terms of their experience of carrying out scrutiny. In addition to developing member skills, they will need to devote additional resources (analytical, as well as administrative) to the scrutiny function. To assist them in

this task, it is recommended that government guidance clarifies the scope, purpose and resource implications of the role, including any additional funding available, but does not prescribe in detail how it should be undertaken.

7. A step-by-step approach to developing health scrutiny begins with discussions among local agencies around priorities and

### EXHIBIT 2

#### Critical success factors for effective local authority scrutiny of health

Both local government and the NHS need to contribute if scrutiny is to achieve its objectives.



Source: Audit Commission

possible topics for scrutiny [EXHIBIT 3]. Local NHS bodies should actively seek to influence this process. Councils themselves must decide how best to incorporate the new

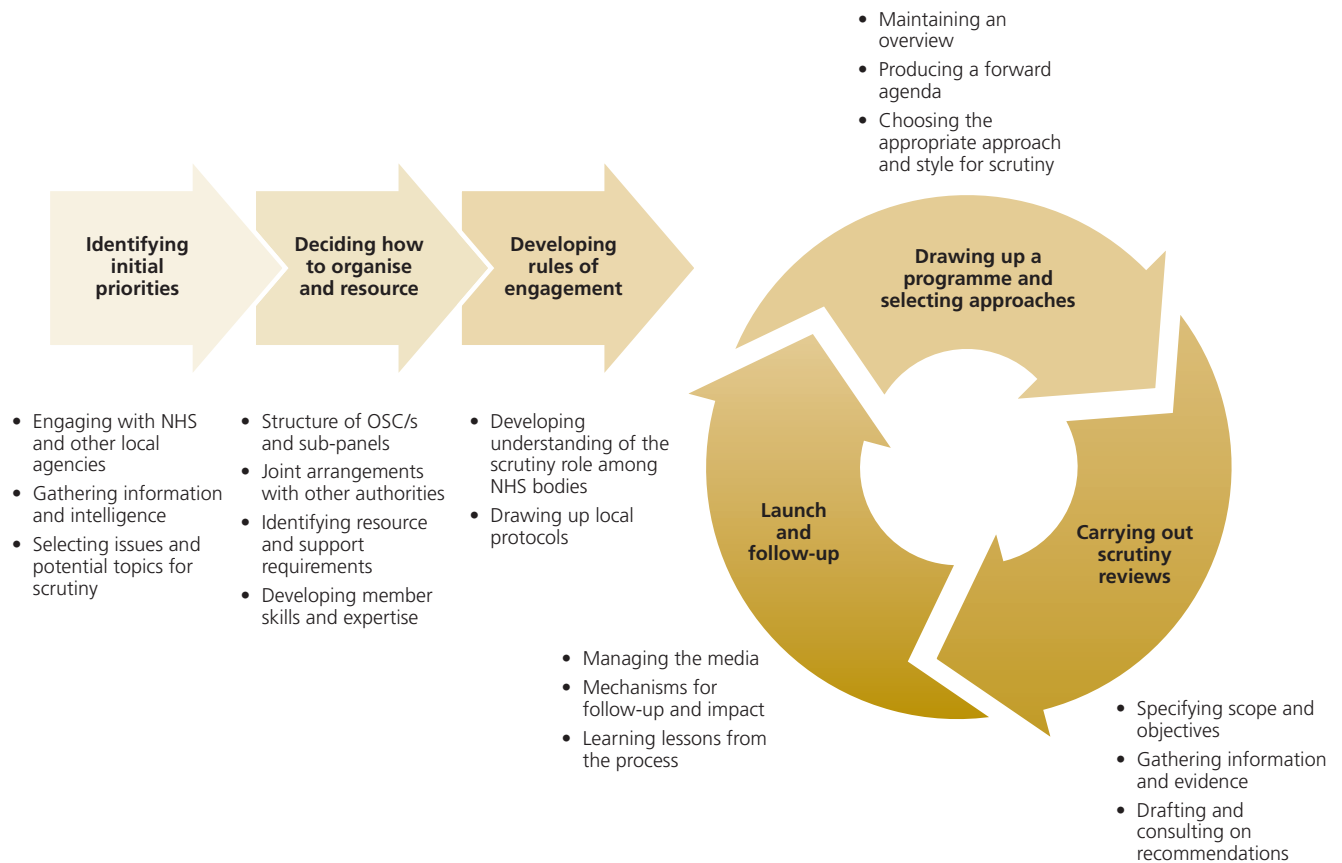
role into their political structures and how to develop and support members carrying it out. It will be useful to agree certain ‘ground rules’ for how the process will

operate, including arrangements for co-ordinating scrutiny across local authorities where necessary.

EXHIBIT 3

**The six key stages in developing and carrying out health scrutiny**

A considerable amount of preparatory work is required before undertaking scrutiny reviews.



Source: Audit Commission

8. The style and approach of scrutiny should vary, depending on the topic under review and the outcome it is hoped to achieve. At times it will involve formal holding to account, at others collaborative policy development. Two broad approaches can be characterised – retrospective and prospective, although these are not mutually exclusive [BOX A]. Whatever approach is adopted, OSCs will need to draw information from a wide range of sources (and balance conflicting views) before arriving at recommendations.

9. General learning from scrutiny to date suggests a number of good practice tips for undertaking health scrutiny:

- clearly establish the scope and objectives of reviews before starting to gather evidence;
- supplement formal questioning with informal contact with users/the public and ‘reality testing’ of services; avoid getting snowed under by performance data;

- start with some quick wins, for example, breaking logjams in service access; steer clear of complex topics in the early stages, allowing members to build up expertise gradually;
- consult formally with affected bodies before finalising reports and recommendations; and
- ensure that recommendations are followed up and evidence of impact sought.

10. Local authorities need to seize the opportunities and recognise the limitations of the scrutiny process. It is not their only mechanism for influencing health issues in their area – nor will it always be the most appropriate. However, if targeted where objective review by locally elected representatives will have a distinctive impact, scrutiny has the potential to strengthen democratic accountability and promote real improvements in local health and healthcare.

*Scrutiny has the potential to strengthen democratic accountability and promote real improvements in local health and healthcare*

## BOX A

## Choosing the right approach to health scrutiny

|  | APPROACH 'A'<br>'Retrospective'   | APPROACH 'B'<br>'Prospective'  |
|--|---|--|
| <b>What is scrutiny trying to achieve?</b> | <ul style="list-style-type: none"> <li>learning lessons from poor performance</li> <li>reviewing/referring contested service reconfigurations</li> </ul>  | <ul style="list-style-type: none"> <li>improving public health and well-being</li> <li>improving/integrating services, identifying gaps and increasing accessibility</li> </ul>  |
| <b>Sample topics</b>                       | <ul style="list-style-type: none"> <li>following up a critical inspection report</li> <li>assessing a service closure or development proposal (eg, new hospital, PCT merger)</li> </ul>                                       | <ul style="list-style-type: none"> <li>improving the health of ethnic minorities</li> <li>recruitment and retention of local health professionals</li> <li>joining up services for people with mental health problems</li> </ul>                                       |
| <b>Style of scrutiny</b>                   | <ul style="list-style-type: none"> <li>formal, objective</li> <li>asking difficult questions</li> </ul>   | <ul style="list-style-type: none"> <li>informal but still challenging</li> <li>collaborative</li> </ul>  |
| <b>Likely methods of scrutiny</b>          | <ul style="list-style-type: none"> <li>public 'hearings', taking evidence from local service providers and users, plus expert witnesses</li> <li>data analysis</li> <li>members go out to 'reality check' evidence</li> </ul> | <ul style="list-style-type: none"> <li>extended research projects</li> <li>work carried out by a sub-group of members, possibly some commissioned externally, who report back to the main OSC</li> <li>external experts co-opted on to the OSC or sub-group</li> </ul> |
| <b>Prerequisites</b>                       | <ul style="list-style-type: none"> <li>clear terms of reference and rules of engagement</li> <li>reliable data and analysis</li> <li>good preparation before conducting questioning</li> <li>questioning skills</li> </ul>    | <ul style="list-style-type: none"> <li>clear objectives</li> <li>good inter-agency relationships and participation</li> <li>spirit of partnership and openness</li> <li>research skills</li> </ul>   |
| <b>Sources of information</b>              | <ul style="list-style-type: none"> <li>views of individuals and users</li> <li>national/professional guidance</li> <li>inspection or audit reports</li> <li>comparative practice and outcomes in other areas</li> </ul>       | <ul style="list-style-type: none"> <li>views of individuals and users</li> <li>local area statistics</li> <li>existing reports/documents – eg, HIMP, best value reviews</li> <li>good practice/innovation from other areas</li> </ul>                                  |

Source: Audit Commission

## Key recommendations

### Local authorities should:

1. Agree the purpose and scope of overview and scrutiny of health before undertaking any detailed work. Involve other local stakeholders in these discussions and create links to other citizen and patient organisations.
2. Arrange for OSC members to receive a basic grounding in how the NHS works and learn about the key issues and pressures affecting the local health economy.
3. Devote an appropriate level of officer support to the scrutiny function, recognising the need for policy, research and facilitation skills, as well as administrative support.
4. Ensure scrutiny is based on evidence, balancing expert opinion and user experiences.
5. Consult formally with affected bodies before finalising reports and recommendations. Ensure recommendations are practical and realistic.

### Local NHS bodies should:

1. Seek early discussions with local authorities to learn about, and contribute to the development of, the overview and scrutiny process.
2. Adopt a positive approach to scrutiny, recognising the legitimate right of local elected representatives to ask questions about local health services and to receive answers.
3. Ensure that scrutiny recommendations are given serious consideration and clear explanations provided if any will not be adopted.

### Central government should:

1. Develop regulations and guidance that clearly establish the principles and legal powers of scrutiny, but allow local stakeholders freedom to decide how best to achieve objectives.
2. Clarify the expected resource implications of the new role – for local authorities and local NHS bodies – and whether there will be any government support for implementation.

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If you want to know more, the full management paper, **A Healthy Outlook: Local Authority Overview and Scrutiny of Health**, contains detailed discussion of all the key issues, together with a range of practical checklists and case study examples, and a comprehensive list of recommendations.

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Audit Commission, **A Healthy Outlook: Local Authority Overview and Scrutiny of Health** (management paper)

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