



DERBY CITY COUNCIL

## Disabled People's Advisory Committee 17 March 2005

Report of the Director of Corporate Services

### Potential Role for Advisory Committees in Health Scrutiny

#### RECOMMENDATION

1. To consider and comment on the potential role of advisory committees in supporting the Social Care and Health Commission's health scrutiny function.

#### SUPPORTING INFORMATION

##### Background

- 2.1 The Health and Social Care Act 2001 gives local authorities with social services new additional powers to scrutinise National Health Service (NHS) health services. The legislation is clear that the scrutiny power is only exercisable by overview and scrutiny committees. In Derby, this responsibility rests with the Social Care and Health Overview and Scrutiny Commission. The new powers enable the Commission to review and scrutinise any matter relating to the planning, provision and operation of health services within the city. In essence, the Commission can scrutinise organisations and services to see how they might be improved to address local needs.
- 2.2 The Council's Overview and Scrutiny Commissions have two ways of conducting scrutiny. Firstly the Commissions can request reports to their scheduled business meetings on topics that fall within their terms of reference. This method is often used to scrutinise key decisions that have been, or will be, made by Council Cabinet. The second method involves the Commissions carrying out in-depth reviews of topics that Commission members consider to be significant and important to the Council and the people of Derby. The Commissions can each carry out up to two of these 'topic' reviews in any one year. The legislation does not require the Commission to obtain Council Cabinet's approval of health scrutiny reports, but the current practice is to do this.
- 2.3 During the past year, the Social Care and Health Commission has considered numerous health related items at its scheduled business meetings. The Commission has also conducted two major topic reviews. One of these reviews looked at ways of reducing health inequalities and the other considered hospital car parking charges. As part of the review process the Council's Advisory Committees were consulted on both these reviews.

## Issue

- 2.4 Unlike other external organisations, the health bodies have a statutory duty to respond to any requests made by the Social Care and Health Commission for information and any recommendations resulting from scrutiny. They are given an opportunity to comment on the draft final report prior to adoption by the Commission. The health bodies are also required to consult the Social Care and Health Commission on any proposals for the substantial development or reconfiguration of their services.
- 2.5 The main aim of the Social Care and Health Commission is to add value to decisions and to act as a lever for improving health. It also seeks to enhance local accountability and strengthen local democracy. This is achieved by allowing democratically elected community leaders to voice the views of their constituents and by requiring the health bodies to listen and respond. This process provides genuine opportunities for the Commission to influence the delivery of local health services.
- 2.6 The membership of the Council's Advisory Committees consists of people with a range of skills and experiences who could potentially contribute significantly to the health scrutiny process. One role for the advisory committees could be to act as consultees for topic reviews. The Commission has done this with its previous topic reviews and it is proposed to continue with this practice.
- 2.7 The Advisory Committees could assist the Commissions with identifying appropriate groups for further consultation on topic reviews. They could also help by disseminating information to their respective communities on the topics selected by the Commission.
- 2.8 The Regulations do not specify which issues should be considered but suggest the following areas:
- a. arrangements made by local NHS bodies to secure hospital and community health services to the inhabitants of the authority's area and the services that are provided;
  - b. arrangements made by local NHS bodies for public health, health promotion and health improvement (including addressing health inequalities) in the authority's area;
  - c. the planning of health services by local NHS bodies, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health care to that population;
  - d. the arrangements made by local NHS bodies for consulting and involving patients and the public under the duty placed on them by section 11 of the Act; and

- e. any matter referred to the committee by a patient's forum by virtue of powers under the NHS Reform and Health Care Professions Act 2002.

2.9 Since the responsibility for selecting topics and setting work programme lies with Commissions, the advisory committees could support the health scrutiny function by identifying health issues within their respective communities and presenting them to the Social Care Commission for its consideration. This could make a useful addition to the suggestions for topic reviews that are submitted by other stakeholders.

2.10 The Social Care and Health Commission is not the only body responsible for looking at the health service provision, as there are a number of other organisations that are actively involved in monitoring and assessing the patient and public perspective of the health service. These include the Patient and Public Involvement Forums, Patients Advice and Liaison Service, the Healthcare Commission and the Independent Complaints Advocacy Service (ICAS). The advisory committees may wish to learn more about the role and responsibilities of these organisations and how they could be involved with them and contribute to the health improvement of their respective communities from the Department of Health website ([www.dh.gov.uk](http://www.dh.gov.uk)).

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| <b>Background papers:</b>            | None   |
| <b>List of appendices:</b>           | Appendix 1 – Implications  |

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| <b>IMPLICATIONS</b> |
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**Financial**

1. None.

**Legal**

2. Local authorities with social services have powers under the Health and Social Care Act 2001 to scrutinise the NHS health services

**Personnel**

3. None.

**Equalities Impact**

4. The involvement of advisory committees and their support in the health scrutiny process should help to make sure equalities issues are taken into account.

**Corporate objectives and priorities for change**

5. This report links to the Councils corporate objectives of **integrated, cost effective services, healthy environment and protecting and supporting people.**
6. The report also supports the priorities for change to enhance the community leadership role of the Council both at strategic and neighbourhood level, through partnership working and listening to, and communicating, with the public.