

# Carlisle City Council

Report to:-	Overview & Scrutiny Management Committee		
Date of Meeting:-	14 March 2002	Agenda Item No:-	
Public	Policy/Operational/Information	Delegated Yes	
Accompanying Comments and Statements		Required	Included
Tenant Consultation:			
Environmental Impact Statement:			
Corporate Management Team Comments:			
City Treasurers Comments:			
City Solicitor & Secretary Comments:			
Head of Personnel Services Comments:			
Title:-	Developing the Health Scrutiny Role: Consultation		
Report of:-	Director of Housing		
Report reference:-	H.023/02		

## Summary:-

This report summarises the proposals for local authority scrutiny of health, outlined in the consultation document, *Local Authority Health Overview and Scrutiny*, published recently by the Department of Health. The deadline is 16 April 2002.

## Recommendation:-

The Overview & Scrutiny Committee are requested to endorse the views of the LGIU & Democratic Health Network as set out in 7.1 and the additional comments of the Council, in an addendum (*to be dispatched separately*) of this report

and recommend to the Executive Committee that a formal response is sent directly to the Department of Health by 16<sup>th</sup> April and incorporate our endorsement of views with partners in the Democratic Health Network by 1<sup>st</sup> April.

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H023/02

To the Chairman & Members of

The Overview & Scrutiny Management Committee

## Developing the Health Scrutiny Role: Consultation

### 1. Introduction

The new consultation document *Local Authority Health Overview and Scrutiny* outlines the government's proposals for local government scrutiny of health which was first proposed in the NHS Plan – the stated intention of which is to make the NHS a "patient-centred organisation". The consultation document summarises the provisions of two major pieces of legislation, which give councils the power of health scrutiny. They are:

2. **The Local Government Act 2000:** This requires all councils to establish Overview and Scrutiny committees, which in addition to holding the executive to account, can also scrutinise and report on 'matters which affect the authority's area or the inhabitants of that area'. This could include health issues. The Act also gives a general power to the council to do anything to promote or improve the economic, social or environmental well being of the area. Each council must develop (with consultation) a community strategy, which sets out how the economic, social and environmental well being of the area will be promoted. The quality of health services and the capacity for health improvement are clearly issues that affect the economic, social or environmental well being of local areas.
3. **The Health and Social Care Act 2001:** This introduces a more general power for scrutiny committees of social services authorities to scrutinise health services. The Act includes powers for the Secretary of State for Health to issue regulations on how this should be done. The new consultation document will contribute to the development of these regulations.

### 4. Aim of health scrutiny

The consultation document defines the aim of health scrutiny, including scrutiny of the NHS, as: "To act as a lever to improve the health of local people. This will be achieved by addressing issues around health inequalities between different groups and working with NHS and other partners to secure the continuous improvement of health services and services that impact upon health."

### 5. Content of the consultation document

1. The document discusses issues under the following headings:
  - o **Function of health scrutiny committees:** includes a definition of councils that will have the health scrutiny power, which includes county, metropolitan, unitary and London boroughs, but not district councils.
  - o **Operation of scrutiny of the NHS:** lists the framework of health services to be scrutinised, indicates that health scrutiny committees must meet in public except in certain cases, lists bodies to receive health scrutiny committee reports.
  - o **Duties and responsibilities of NHS bodies:** indicates that NHS bodies will be required to supply certain information to health scrutiny committees; lists NHS

officers and board members who will be required and who will be likely to attend scrutiny committees; outlines circumstances in which NHS bodies will be required to consult health scrutiny committees; and sets out a timetable for NHS responses to health scrutiny reports.

- **Right of Referral to Secretary of State:** indicates that regulations will give scrutiny committees the power to make referrals to the Secretary of State for Health on grounds of merit or inadequate consultation, for example on NHS proposals to make major changes such as hospital closures.
  - **Independent Reconfiguration Panel:** notifies the government's intention to set up a panel to advise on contested major service change in the NHS.
  - **Planning health overview and scrutiny:** discusses the type of health-related issue that scrutiny committees might choose as the subject of a scrutiny exercise; how they might plan a forward programme of scrutiny; possible co-opted membership of health scrutiny committees; and councillors' eligibility for taking part in health scrutiny committees (where they are NHS employees, for example).
  - **Making use of local expertise and sources of information:** discusses existing resources and new patient structures that might provide information and support to health scrutiny committees.
  - **Joint Overview and Scrutiny Committees:** outlines the different possible permutations for setting up joint scrutiny committees and options for involving district councils in the health scrutiny function.
1. The report also explains how to take part in the consultation, and sets out a timetable for implementation of scrutiny arrangements and other plans for patient representation. The timetable is for consultation until 16 April, consultation on draft Regulations and Guidance in summer 2002, final draft Guidance in winter 2002, and scrutiny power to come into force in January 2003.

## 1. Timetable and mechanisms for consultation

The Department of Health is seeking responses to the consultation paper **by Tuesday 16 April 2002**. There will be a series of "road-shows" to discuss the proposals throughout February and March. Details of these will be given on the Department's consultation website, [www.doh.gov.uk/healthscrutinyconsultation](http://www.doh.gov.uk/healthscrutinyconsultation) as they are arranged. Copies of the consultation document may also be downloaded from this website.

Councils are encouraged to take part in this consultation. Comments on the document may be sent to the Department's email address:

[Mbhealthscrutinyconsultation@doh.gsi.gov.uk](mailto:Mbhealthscrutinyconsultation@doh.gsi.gov.uk) or sent by post to:

Health Scrutiny Consultation  
Department of Health  
Room 608 Richmond House  
79 Whitehall  
London SW1A 2NS

or faxed to:

**020 7210 4902.**

## **2. Response by Carlisle City Council**

1. A series of questions on which the Department of Health would particularly like to know the thoughts of consultees is listed in an annex to the consultation document. LGIU will be responding to the consultation, jointly with the Democratic Health Network, and have sought the views and comments of the City Council on the consultation.
2. Among the points to be raised by these organisations are:
  - welcoming the broadening of the definition of health scrutiny to emphasise health improvement, as well as treatment, and measures that address health inequalities
  - the need for proper resources to support the health scrutiny function
  - the continued concern of district councils that they will be excluded from the health scrutiny role and a request that stronger guidance be issued to county councils in two-tier areas concerning the involvement of district councils
  - looking at some legal issues about co-option and membership of scrutiny bodies, and the relation of health scrutiny bodies to the council and its executive
  - continuing concern that the "Great Ormond Street" question has not been fully answered: that is, how will scrutiny of institutions that provide services across social services authorities' boundaries, regionally and nationally be addressed
  - the need for further clarification and guidance on the role of local authority scrutiny committees in scrutinising health provision by the private sector and the need for clear guidance that legislation and regulations will apply to this sector
  - concern that information essential to the proper scrutiny of proposed public private partnerships will not be forthcoming to local authority scrutiny committees on grounds of commercial sensitivity
  - looking at how the new health scrutiny role can be developed in the context of community planning and Local Strategic Partnerships.
3. In addition to these general points made by the LGIU & DHN, other issues set out in the consultation document are considered important for the authority to

comment upon. These are currently being compiled and will be circulated in advance of the meeting for Members consideration.

### **1. Comments of City Solicitor & Secretary**

The point should once again be emphasised in any response that, if establishing the Health Scrutiny Committee is to be a County function, then regulations should provide unequivocally and unambiguously that there will be a requirement for district council representation on that committee to ensure full democratic input.

### **2. Comments of City Treasurer**

There are no direct financial implications arising from the issues set out in this report.

### **3. Access to Services Implications**

There are no direct implications to access to services within this report, however the furtherance of specific issues will have a direct impact and will need to be addressed when such services are pursued in detail.

### **4. Environmental Implications**

Similar to the above, no direct impact is foreseen, however some positive influences are anticipated on the Councils LSP, LA21 and new powers for health and well-being.

### **5. Consultative Arrangements**

The contents of the consultation document are being widely consulted upon nationally, with a copy of the document being available in the Members room for information.

### **6. Recommendations**

1. The Overview & Scrutiny Committee are requested to endorse the views of the LGIU & Democratic Health Network as set out in 7.1 and the additional comments of the Council, in an addendum (*to be dispatched separately*) of this report
2. and recommend to the Executive Committee that a formal response is sent directly to the Department of Health by 16<sup>th</sup> April and incorporate our endorsement of views with partners in the Democratic Health Network by 1<sup>st</sup> April.

**T Bramley**

**Director of Housing**