

Health Scrutiny and Performance Panel

**Agenda
Item No. 10**

5 September 2011

Health and Social Care Bill Governance

Ward(s) All

Portfolios: Cllr Barbara McCracken – Social Care and Health

Executive Summary:

A summary of the governance arrangements for how the process of Health Scrutiny sits within the new framework set out in the Health and Social care Bill, particularly in relation to the role of new Health and Well Being Boards.

Reason for scrutiny:

To confirm the role of the Health Scrutiny and Performance Panel following the Government's consideration of the response to the Health and Social care Bill of the NHS Future Forum.

Recommendations:

That, subject to any comments Members may wish to make, the report be noted.

Background papers:

Local Democratic Legitimacy in Health (July 2010)
Government Response to the NHS Future Forum Report (June 2011)

Resource and legal considerations:

There is no change to the support arrangements for the Health Scrutiny and Performance Panel as a result of the Government's response to the NHS Future Forum.

Citizen impact:

Health scrutiny has a role to provide effective scrutiny of NHS services to ensure high quality services for the citizens of Walsall.

Environmental impact:

There are no environmental issues arising from this report.

Performance management:

Some elements of Council services have a direct relationship with the performance of NHS providers, for instance delays to hospital discharge. There is a need to ensure strong partnership working to maximise performance levels within both the Council and the NHS.

Equality Implications:

This describes the role of health scrutiny as set out in government policy. Equality impact assessment has been conducted at national level.

Consultation:

This is a report of the outcome of a major consultation on the future of the NHS conducted at national level, to which Walsall Council made a response.

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1. Report

The Government White Paper entitled “Equity and Excellence: Liberating the NHS” was published in July 2010 and set out proposals for a radical reform of the NHS. One of the thematic papers that followed was entitled “Local Democratic Legitimacy in Health” (July 2010) and this set out Government proposals for increasing local democratic legitimacy in health, through a clear and enhanced role for local government. It stated that

“Through elected members, local authorities will bring greater local democratic legitimacy to health. They will bring the perspective of local place - of neighbourhoods and communities - into commissioning plans. Local authorities can take a broader, more effective view of health improvement. They are uniquely placed to promote integration of local services across the boundaries between the NHS, social care and public health”.

The report went on to propose that the statutory functions of Overview and Scrutiny should transfer to newly created Health and Well Being Boards, and this was then subject to a consultation process. By the spring of 2011, the consultation process became extended in to a ‘pause’ whereby Government would await the findings of the NHS Future Forum.

The NHS Future Forum was led by Professor Steve Field and reported back to Government at 13 June 2011. The Government response was swiftly published by the end of June 2011. In the response the Government stated that:

“Members of health and wellbeing boards will be subject to oversight and scrutiny by the existing statutory structures for the overview and scrutiny of local authority or health functions. The existing statutory powers of local authority overview and scrutiny functions will continue to apply. In line with the principles of the Localism Bill, local authorities will have greater discretion over how to exercise their health scrutiny powers.

We are already taking action to extend local authority health scrutiny powers to facilitate effective scrutiny of any provider of any NHS-funded service, as well as any NHS commissioner. Local authorities will also still be able to challenge any proposals for the substantial reconfiguration of services, and we will retain the Government’s four tests for assessing service reconfigurations. Proposals for reconfiguration will need to continue to demonstrate:

- i) support from clinical commissioning groups;
- ii) strengthened public and patient engagement;
- iii) clarity on the clinical evidence base; and
- iv) consistency with current and prospective patient choice”.

It can be seen from this that the role of Health Scrutiny as part of the Local Authority will continue largely unchanged, and possibly with extended powers for more effective scrutiny of any provider of an NHS funded service, i.e. independent sector hospitals, as well as any NHS Commissioner.

Further developments will be reported as they emerge from Government.