Middlesbrough Council

Middlesbrough moving forward

AGENDA ITEM: 5

HEALTH SCRUTINY PANEL
26 JUNE 2007

BRIEFING PAPER – HEALTH SCRUTINY AND THE NHS

PURPOSE OF THE REPORT

1. To provide a short briefing for the Panel on the origins of the Health Scrutiny function, the work of the previous Panel and a basic explanation of the organisational structure within the NHS in England.

RECOMMENDATIONS

2. That the Panel notes the contents of this briefing and considers whether it would be beneficial to arrange specific training for the Panel, in either the function of the NHS or the wider role of Health Scrutiny.

HEALTH SCRUTINY IN CONTEXT

3. The power of Health Scrutiny is a part, albeit a distinct one, of the drive to modernise local government which came about as a result of the Local Government Act 2000. Overview & Scrutiny exists across local government, which gives non-executive councillors the powers and means to hold the leadership of local authorities to account and consider the effectiveness of existing policy and investigate whether there are better ways of doing things.

4. Health Scrutiny is carried out in a very similar vein, with the prime difference being that it is outward facing and most of its work will involve working with the local NHS.

5. The Health & Social Care Act 2001 provides a statutory duty for the NHS to consult with its local Health Scrutiny Panel whenever it has plans for a substantial variation to services. Should the Health Scrutiny not be satisfied with the standard of consultation OR feels that the proposals are not in the best interests of the local health service or the people it serves, it has the power to refer the matter to the Secretary of State for Health. He/she can request the Independent Reconfiguration Panel consider the matter.

6. When Health Scrutiny is investigating a matter on a proactive footing it has a legislative power to expect appropriate NHS Management be in

attendance at meetings, providing reasonable notice is given. When Health Scrutiny produces a Final Report, the local NHS is statutorily obliged to respond in writing to its recommendations.

7. Health Scrutiny has two broad points of focus in its work.

7.1 Proactively speaking, it may investigate any issue it wishes to, which is felt to impact upon the health of local people. This could be NHS service based or public health type matter.

7.2 Secondly, it has a reactive role, in responding to consultations over proposed NHS service changes.

8. The Department of Health guidance encourages Health Scrutiny not to focus on financial or performance management information, as there are regimes in place to deal with those matters. Nor should Health Scrutiny be viewed as an opportunity to pursue complaints or act as a complaints forum.

9. All evidence suggests that Health Scrutiny works best, when it is open, transparent and respectful to its witnesses and works on an evidential basis. Its value comes from elected Community Leaders holding to account the local NHS, investigating areas of concern and acting as a lever for service improvement, on behalf of the people they represent. All Health Scrutiny proceedings occur in the public domain, increasing the transparency and accountability of the process.

SETTING THE AGENDA

10. As the national media reports, the NHS is in the midst of a huge period of change in its funding, operation and the relationships between different aspects of the NHS. As a result of that, the impact of *Choose & Book*, *Payment by Results, Patient Choice* and other such national policy drivers are important considerations.

11. In addition, the local Mental Health Trust and the local Hospitals Trust are consulting during the summer into early autumn on becoming Foundation Trusts (FTs). FT status grants greater freedoms over service provision and financial matters to name two examples. Health Scrutiny's impact on this will be important.

12. The local media has recently being covering a story in relation to the planning of a new hospital for North of Tees. This matter will also require attention, as a new build will have ramifications for James Cook hospital, which will only be clear as time progresses.

13. In addition to the above, the Health Scrutiny Panel is due set its own work programme at today's meeting. This identifies the topics the Members of the Panel want to tackle. The work programme is put together following research and consultation with the local health and social care economy.

14. It is, however, important to note that Health Scrutiny is its own master. That is to say that the Members of the Panel are in control of what they consider.

RECENT WORK

15. In the last three years, the Health Scrutiny function has reviewed the effectiveness of Healthy Living Initiatives, Emergency Admissions into James Cook, Tobacco Control, Out of Hours Primary Care, Healthcare Associated Infections and the Choose & Book policy implementation. It also considers the Health content of the Council's Strategic Plan, an annual document setting out the Council's key objectives.

16. In Joint Committee structures with neighbouring local authorities, it has considered Respite & Palliative Services for Children with a life limiting illness, the Advance Proposals for Mental Health Services, the Acute Services Proposals and the impact of the Our Health, Our Care, Our Say White Paper. It has also considered a number of formal service briefings from the local NHS.

17. All of these investigations have produced a final report, available on request from the Scrutiny Team.

18. The Health Scrutiny Panel considers Health matters within the boundaries of Middlesbrough.

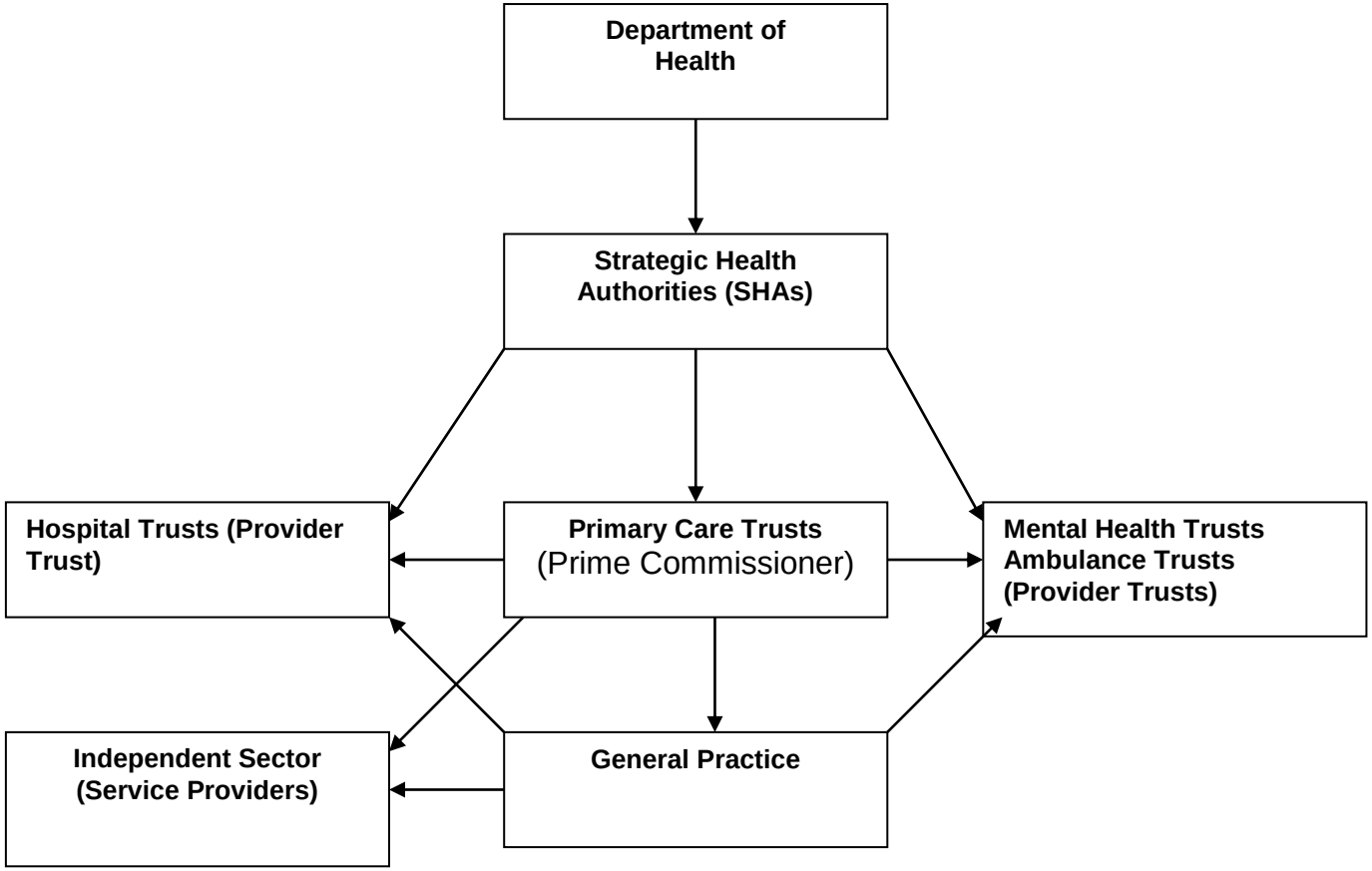
19. The Council is also part of two Joint Committees with neighbouring local authorities to scrutinise services across areas wider than the town of Middlesbrough. Health services are often provided by NHS Trusts which can cover a number of local authorities. Where this is the case, there is an obligation on the local authorities to form a Joint Scrutiny Committee to consider these issues.

20. Following every review, the Health Scrutiny Panel function produces a Final Report, containing recommendations. The Health Scrutiny function bases its recommendations on the evidence it receives and as such has a very high success rate in having its recommendations endorsed and implemented by those able to implement.

THE NHS STRUCTURE IN CONTEXT

21. Overleaf is a basic diagram of the structure of the NHS, which is intended to assist the Panel in understanding where the different aspects of the NHS fit with each other. Following that diagram is a commentary, aimed at explaining the diagram.

An outline of the structure of the National Health Service in 2007



22. The Department of Health is a Government department responsible for health and social care policy. It is also the NHS' parent department. It is led politically by the Secretary of State for Health (Patricia Hewitt) and her team of ministers.

23. The SHA's are termed as the regional Head Quarters for the NHS and are co-terminous with Govt Office regions. They are responsible for ensuring that NHS practice in their area is consistent with prevailing national policy and they are also the performance managers for all of the NHS Trusts within their area. They also hold funds to support capital projects. SHAs are answerable to the Dept of Health.

24. In many ways, PCTs are the most important players in the NHS. They are responsible for the receipt and expenditure of around 75% of NHS monies. They 'buy' or commission services on behalf of the population they serve. A significant bulk of this money goes on Hospital Services (Acute Trusts i.e. South Tees), Mental Health services (Mental Health Trusts) and Ambulance services (Ambulance Trusts). PCTs also have a very close relationship with primary care providers such as GPs, Dentists and Opticians. They also (often collaboratively with other PCTs) commission more specialised services which do not have sufficient numbers of patients in each PCT area. Please note that the Independent sector is included as a result of recent policy shifts. This may include the voluntary and community sector, not for profit, as well as Independent Treatment Centres (for instance Nuffield and Woodlands) providing surgical capacity by treating NHS patients, at an NHS tariff to alleviate pressure on NHS facilities and waiting lists.

25. General Practice is included as under recent developments, GPs are becoming more influential. They have direct funding to commission services directly on behalf of the patients, without necessarily going through the PCTs. They may commission from provider trusts such as Mental Health Trusts or from the independent sector.

26. Provider Trusts are exactly that, they provide services in exchange for payment from the PCTs. This can range from fairly simple procedures at the local district general hospital to very complex medical interventions at more specialised facilities. The more specialised work costs more, hence why often hospital Trusts are keen to get specialist services on their site. It also adds to the prestige of the site. Under a new development called 'Choose & Book', hospitals will now be competing with each other to provide services and therefore generate income. There is, therefore, much more of an internal market on its way.

BACKGROUND PAPERS

27. No background papers were used in the production of this report.

Contact Officer:

Jon Ord **-** Scrutiny Support Officer

Telephone: 01642 729706 (direct line)
Email: jon_ord@middlesbrough.gov.uk