Overview & Scrutiny

Health Select Committee
Introductory Briefing

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Background: Health Select Committee

The Health Select Committee has delegated authority from the Overview and Scrutiny Committee to investigate, scrutinise, and develop policy with regards to public health and "well-being". The committee takes a strategic overview of health services in Brent, facilitating partnership working and promoting further public engagement.

The Committee has taken a pro-active approach to reviewing and monitoring the performance and provision of services by partners organisations within the borough. It has established good working relationships with the Brent Teaching Primary Care Trust (tPCT), the North West London Hospitals NHS Trust, the London Ambulance Service NHS Trust, and the Central and North West London NHS Foundation Trust (formerly Mental Health Trust). Members have developed positive relationships with partners providing health and social care services to the people of Brent.

The committee allows members to act as a *"critical friend"* on health matters, positively responding to council directorates, local NHS Trusts, the Strategic Health Authority (SHA) and the Department of Health (DoH).

The Committee comprises 8 Councillors and is politically balanced. The Chair and Chief Executive of Brent teaching Primary Care Trust (tPCT) regularly attend meetings, as do senior personnel from North West London Hospitals NHS Trust, and Central & North West London NHS Foundation Trust. Representatives from local patient groups and voluntary organisations are also regularly invited to attend.

2006-2007 Membership

Cllr Rev. David Clues (Chair)
Cllr Mary Farrell (Vice Chair)

Cllr Anthony Dunn (Cllr Derek Jackson replaced Cllr Dunn in early 2007)
Cllr Hayley Matthews

Cllr Ralph Fox
Cllr Colum Moloney

Cllr Eddie Baker
Cllr John Detre

The Committee has a formal role in responding to the Healthcare Commission's Annual Health Check (AHC) which serves as a snapshot of trust performance, highlighting areas of concern and issues for further investigation.

Health Select Committee 2006-7

NHS Trust updates

The committee has received regular updates on the financial position and savings proposals forwarded by each local trust. It has been given an overview of key changes in the sector in response to the "Our health, our care, our say" white paper, and management restructuring.

Brent tPCT Turnaround Plan Task Group

In December 2006 the Committee established a cross-party task group to examine the impact of the Turnaround Plan presented to the Board of Brent tPCT in November. The task group sought detailed information and documentation regarding proposed savings within the plan, and to consider the potential impact of proposals on the local community. The Task Group gathered evidence from independent witnesses and experts. The impact of the proposed savings were considered from the point of view of the local community, with emphasis placed on those vulnerable people most at risk from cuts to services. The task group structured its work programme around the key objectives highlighted in the plan, adopting Local Health Economy, Commissioning & Demand Management, Provider Services, and Internal as themes for investigation themes.

The task group forwarded a number of recommendations including; a public hearing, task group panel on NHS finances, an independent review of the Turnaround Plan's Health Impact Assessment, and referrals to the Council's other Overview & Scrutiny Committees on specific strands of the plan.

Consultation on Central & North West London Mental Health NHS Trust (CNWLMHT) Foundation Trust application In October the committee was consulted on CNWLMHT's bid to become a foundation trust. This would allow the trust greater independence from the Department of Health and enhance local accountability. Councillors were able to question senior officers on the benefits and potential risks of the change in status. Authorisation was granted to the Trust in May 2007[1].

Update on North West London Hospitals NHS Trust: Maternal Deaths

Members received a presentation from the Trust's Chief Executive on the findings of the Healthcare Commission's investigation into 10 maternal deaths at, or following delivery at, Northwick Park Hospital between April 2002 and April 2005. The report provided an insight into proposed changes and actions undertaken by the trust.

NWLHNHST- Reconfiguration/Change for the Better

The committee received a report outlining the "*NWLH NHS Trust Strategic Reconfiguration Project- Involvement Strategy and Clinical Model"*. In October, North West London Hospitals NHS Trust, Brent tPCT, and Harrow PCT launched a joint discussion document "*Change for the Better: A discussion programme to plan health service changes together*". This document sought the views of local people regarding

[1] Applications are authorised by Monitor, the Independent Regulator for Foundation Trusts.

local health services and there future delivery. The consultation aimed at exploring the best model for clinical care and its outcomes are to be considered within the wider context of a London wide review by the Strategic Health Authority in the summer of 2007.

Local Involvement Networks & Public and Patient Involvement Forums

In response to the department of health's consultation "A stronger local voice"[2] the committee established a task group to consider how LINks relate to both the Council structure and the Health and Social Care Partnership Board of the Local Strategic Partnership (LSP). Brent tPCT's PPIF was invited to join the task group and help develop its recommendations which included

formalising links between the committee and local patient groups, a ring fencing of future funding, and further development work pending legislation.

Health Care Commission (HCC) Annual Health Check

The committee has formally responded to the second year of the HCC's performance audit, with local NHS trusts submitting a self declaration to overview & scrutiny for formal comment. NHS trusts are required to include unedited comments of the committee in their final declarations to the HCC in relation to core standards.

The committee is keen to enhance the evidence base from which it comments on local trust performance as part of its 2007-8 work programme.

Teenage Pregnancy

The committee received an update with regard to progress on recommendations from a previous task group established by the former Health Overview Panel in 2004, examining the effectiveness of services in promoting the sexual health of young people in the borough.

Khat/Pan

The Committee received an update from the Drugs Alcohol Action Team (DAAT) concerning problems associated with Khat usage, a narcotic substance commonly used within the Somali community.

Health Overview Panel 2005-6

In the 2005/6 session, the Former Health Overview Panel made the following achievements:

- Received regular quarterly performance updates from Brent tPCT, NWL Hospitals Trust and Central & NWL Mental Health Trust.

- Contributed to the Healthcare Commission's "Annual Health Check"[3] process. Providing formal responses to the draft (October) and final declarations (March) from each trust.

[2] Department of Health Consultation "*A stronger local voice- Development of Local Involvement (LINks) and Future of Public Patient Involvement Forums (PPIFs)*", July 2006.

[3] The Healthcare Commission's 'Annual Health Check' is a new system of assessment for all PCTs and NHS trusts. It replaces the previous star ratings and measures PCT and trust performance against the Department of Health's twenty four core standards (introduced in July 2004).

- Continued to monitor the implementation of the tuberculosis (TB) action plan.

- Contributed to a Joint Overview & Scrutiny Committee, established between Harrow, Brent, and Ealing Council's to monitor the effectiveness of consultation in relation to the reconfiguration of Northwick Park Hospital[4]. The NHS *Better Care without Delay* programme addresses the need to redesign health services in Harrow and North Brent, which includes the redevelopment of the Northwick Park Hospital site.

- Monitored the progress of improvement and future plans for the Northwick Park Hospital Maternity Unit (placed under special measures by the Healthcare Commission)[5].

- Received updates on
  - influenza vaccination take up (the tPCT took up a suggestion that the influenza vaccine was extended to carers)
  - MMR and childhood vaccination take up rates across the borough

- Monitored progress and raised awareness of the Brent influenza pandemic contingency plan (developed in partnership with Brent tPCT, Harrow PCT, Brent Council, Harrow Council, North West London Hospitals Trust, Central & North West London Mental Health Trust.)

- Led two seminars on the "Choosing Health- Brent" strategy, helping to raise awareness around the public health agenda, amongst Council departments and the wider community. Engaging Councillors in the health strand of the Local Area Agreement (LAA) and its role in the delivery of key elements of the strategy.

- The panel works closely with the Public Patient Involvement Forum (PPIF) and is actively seeking to strengthen its public engagement role.

- Received updates on the "choose and book" and "patient choice" systems, examining them from a user perspective and suggesting potential improvements where necessary.

- Recruited a Health Scrutiny Adviser through the Centre for Public Scrutiny (CFPS)/ Improvement & Development Agency to facilitate seminar work and help inform a review of future work programming and a wider review of the Council's Overview & Scrutiny structure. This work has been conducted within the context of the forthcoming reforms of PCT and SHA boundaries and the new Health and Social Care White Paper. It has also helped to define the Council's role as a partner in supporting the public health agenda and the HOP's role as a monitoring body.

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[4] A consultation on the reconfiguration of services was postponed pending the Strategic Health Authority (SHA) review in London, the implications following the Health and Social Care White Paper "Our health, our care, our say", (February 2006).

This briefing resulted from a series of support sessions provided by the Improvement and Development Agency (IDeA)/Centre for Public Scrutiny (CfPS) in April 2006. It is intended as a general introduction to the Health Scrutiny function and as a reference tool for future development.

Health Overview and Scrutiny Background Briefing

The formal 'executive- scrutiny split' was introduced to local authorities under the Local Government Act 2000, which gave 'non-executive' scrutiny councillors the role of acting as community leaders and holding the executive to account.

The **Health and Social Care Act (HSCA) 2001** extended the powers of scrutiny of all local authorities in England and Wales with social services responsibilities, to cover local NHS bodies. It requires local authorities to appoint an overview and scrutiny committee (OSC) to review and scrutinise local NHS bodies and matters relating to the health service in their area.

Health overview and scrutiny committees (HOSCs) may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority and may make reports and recommendations to local NHS bodies and to its local authority on any matter reviewed or scrutinised.

Health scrutiny should 'act as a lever to improve the health of local people, health services and services that impact on health' (ODPM). It is concerned not only with NHS services, but with the broader health economy, including all the services of the local authority and other agencies which impact on the health care of local people.

Section 11 of the Health and Social Care Act 2001 places a duty on local NHS bodies to make arrangements to involve and consult patients and the public and their representatives in all stages of service planning and operation, and in the development of proposals for changes that affect health and healthcare.

In addition, specific powers are vested in the HOSCs:

- HOSC can require local NHS bodies to give information 'that it may reasonably require';
- HOSC can call an officer of the local NHS body to answer questions;
- Local NHS bodies have to respond to written reports from the HOSC within 28 days;
- Local NHS bodies have to formally consult the HOSC when proposing a 'substantial variation or development' of health services, and if dissatisfied the HOSC may refer the matter to the Secretary of State.

The HOSC can report and make recommendations to

- the local authority executive (like other O&S committees);
- and also to local NHS bodies.

A Patient and Public Involvement Forum (PPIF) may make reports to the HOSC, and the HOSC is required to take account of relevant information provided by the PPIF.

HOSCs can co-opt members onto the committee, such as a member of a PPIF. It can be better not to formally co-opt, but to find alternative ways of recognising the role of representatives of key partners such as PPIF which also recognise their independence.

Health Overview and Scrutiny (O&S) Work Programming

It is important that health scrutiny controls its own agenda and sets its own priorities.

Health scrutiny is	***and it is not***
• Concerned with all services which impact on the healthcare of local people • Independent of NHS service providers and local authority executive • Able to choose issues and say no	• Just NHS services • Or the obvious 'health' services • Part of NHS performance management • Responsible for running services or expected to cover every issue

Scrutineers are	***and they are not***
Lay members, who represent the public	Experts in delivering health care

Health scrutiny can do what it chooses – and it is its choice.

Health scrutiny should maintain its own distinct perspective – the perspective of the service user and member of the public.

The role of health scrutiny is to carry out a **'reality check'**, to test what it is told by professionals and decision-makers against the perceptions of the wider community.

The work programme should maintain a balance between

1. responding to statutory consultations and
2. carrying out discretionary scrutiny of topics of your choice.

You do not have to respond to every consultation or request for views from NHS bodies.

Potential pressures to avoid:

- being sucked into the NHS management process,
- being swamped in detailed and technical performance data.
- being dominated by the agenda of NHS bodies
- being directed to issues solely by the executive or partner providers.

To be effective, health scrutiny should:

- **engage and involve** the public and patients, and partners, other agencies, networks and representative groups.
- **make a difference** to the services being provided, but above all a difference that is perceived by users and the public.

- **add value** – to achieve something that would not be achieved without its input, something that others are not doing; work with and complement partners, not duplicate their work.
- **measure** and **demonstrate** its success, so that you learn and develop the effectiveness of scrutiny; and demonstrate this effectiveness to partners and stakeholders, to build the credibility of scrutiny.

When choosing topics (and responding to consultation) and planning scrutiny activity:

- Be realistic about your capacity; don't take on too much; remain effective.
- Consider how a potential activity meets the criteria for effective scrutiny.
- Choose topics that readily demonstrate success against the criteria.

Seek to engage patients and the public in work programming:

- Ensure that indicators of public perception inform topic choice.
- Use information and views from PPIFs to inform topic choice
- Involve PPIFs and other representatives of public in work programming.
- Choose topics and techniques that readily demonstrate the role of public engagement.

Retain some flexibility to respond to issues that may arise during the year; and when they do, apply the same criteria before adding them to the work programme.

Consider the range of techniques available to scrutiny; don't tackle every topic in the same way.

Apply a different level of review to different topics, such as:

1. Full select committee type reviews.
2. Small reviews, one meeting, sub group & report back.
3. Information only, report back, answers to specific questions.
4. Or none (at least, not this year)

Apply different methods:

- Break down a big review, share, delegate specific tasks to sub groups, partners, user group, PPIF.
- Use resources and mechanisms of others: partners, voluntary organisations, gather evidence from various sources, draw available information together.
- Get out of the meeting room. Be more interactive, less paper based, informal meetings, briefings, visits, street consultations, stalls etc.
- Leave it to others or delegate - to other scrutiny committee / panel or to PPIF.
- Say NO! to potential scrutiny topics or requests for response to consultation. Or find a way to be kept informed without doing full review.

The HOP involvement in the Annual Health Check needs to be integrated into the HOP work programme and methodology for carrying out reviews. The AHC is an obvious focus

for the development of engagment with NHS partners. See Annual Health Check, in section 2.3 below.

Monitor and evaluate your own scrutiny work; its outcomes and the scrutiny process itself:

- Have you achieved the objectives you set when commencing the scrutiny project?
- What difference have you made?
- How did the input of scrutiny add value?
- How did you engage and involve partners and stakeholders?
- How have you shown others the benefits of scrutiny and increased its credibility?

Learn and develop your scrutiny techniques. Build the credibility of scrutiny.

Schedule evaluation as part of each scrutiny programme, or carry out a periodic review of scrutiny activity carried out in say the last year or 6 months.

Review what you have done, record what went well and what did not. Retain knowledge and build up a record that will inform future activity and be available to inform current and future participants, and the wider public.

Involve partners and stakeholders in this evaluation, seek their views: NHS, PPIF, witnesses, wider public.

Health Scrutiny and the Annual Health Check

The Annual Health Check (AHC)

Each NHS trust will produce an annual self-assessment or 'declaration' of their performance against 24 core standards (set by government), for the year March to April.

Healthcare Commission (HC) will check the declaration against other data:

- routine performance data, information from other regulators, audit etc;
- HC surveys, investigations, complaints;
- comments from HOSCs and PPIFs;
- may check further by targeted inspection.

Trusts:

- are required to seek comments from 'relevant' specified local partners: (at least one) HOSC, their PPIF, Strategic Health Authority;
- decides which HOSCs are 'relevant' based on the population that uses Trust services;
- should also contact any HOSC that has asked to comment on Trust performance;
- may use joint HOSC arrangements that exist, but is not required to use them.

HOSC comments must be included verbatim on the Trust's declaration and should be included separately if more than one. If no comments, then declaration must state this with

any reasons given. If a trust fails to cooperate with it, an HOSC (or PPIF) can include this in its comments.

The HC now asks HOSCs to comment on the performance of the Trust against the core standards – not to comment on what the Trust says in its declaration. HC had said that Trusts must share the completed declaration with their local partner organisations, but latest guidance is silent.

HOSC comments need to be backed by evidence: not required with comments, but to be available to the HC if they make enquiries of the HOSC or carry out an inspection of the Trust.

PPIFs have a parallel role in commenting on Trusts' self-assessments.

The general duty of Trusts to involve patients and the public and their representatives and incorporate their input into their self assessment.

Role of HOSC

Health scrutiny should retain its own distinctive role and identity in the Annual Health Check, separate from the performance management role of Trusts. And it should add value by adding to the sum of the information being given to the HC on Trust performance; not duplicating or repeating the work of others.

HOSC members are lay members; they represent the public and bring that distinct perspective to issues. *They are not supposed to be experts on delivering healthcare* (HC).

> HOSC involvement should provide *'feedback on views of patients and community; and the experience and perspective of patients'* and a *'reality check' on the assessment (AHC declaration) and to demonstrate the links between services and the experience of local people'* (HC).

The HOSC should test what the self-assessment says about Trust performance against its own experience and knowledge and the perceptions of the wider community

Health scrutiny should retain control of its agenda and set its own priorities. The HOSC does not have to comment on every Trust it is asked for comments on. It decides whether or not to comment and how much effort to devote to its comments.

> HOSCs *'are under no obligation to provide any comment.' This will not be taken as an indication either way on the Trust's performance. If an HOSC declines to comment, it can give reasons, and they will be included in the declaration* (HC).

The HOSC is not expected to comment on all of the core standards in the AHC. It chooses and should focus on areas where it has most to contribute:

1. Standards where the issues have been covered in past scrutiny reviews, and the evidence and conclusions of those can be used as the basis for comments.
   HOSCs *'can, but are not obliged to, limit comments to areas where they have undertaken reviews or monitored services, or had substantial discussion with the trust'* (HC).

2 Standards which are most relevant to the general role of health scrutiny:

- 17 - *the views of patients, their carers and others are sought and taken into account in designing planning delivering and improving healthcare services;* the general duty of the NHS to involve patients and public, Section 11 of the Health & Social Care Act 2001; HOSC experiences of NHS consultations. (HC, CfPS.)
- 13 to 16 - patient focus, treatment of patients with dignity, provision of information about services and the complaints process, and provision of food.
- 22 - public health issues, HOSC knowledge of and access to broader local authority services, local strategic partnership etc. (CfPS).

Comments should be drawn from a range of sources: past scrutiny activity; reports, plans and consultations from other local authority services; issues raised by and views from forums and networks of the local authority, local partnerships, PPIFs; and media reports, complaints and councillors' casework. Exchange information and 'compare notes' with partners and stakeholders to build up a more complete picture on the views and experiences of patients and the public.

The HOSC should:

- promote engagement of patients and the public to enable it to represent their perspective, and to facilitate the duty on NHS bodies to involve;
- work with PPIFs so they support each other, and combine information, powers and skills, and to avoid NHS bodies duplicating information giving.

HOSC input to the AHC should be treated as a 'recap' / review exercise, drawing together existing information and evidence, rather than a requirement for new scrutiny work.
To *'tap into existing activities and encourage better joint planning across organisations'* (HC).

At first, only limited past information will be available to the HOSC, so it may be most effective to focus on those standards related to the general role of health scrutiny and 'section 11' in particular. Over time as more scrutiny reviews are carried out a greater body of evidence will be available to call on to enable wider comment.

The AHC and work programming

When planning its work programme, the HOSC should consider the core standards and issues arising from past involvement in AHC, and seek topics, techniques and evidence that will have provided the evidence required to comment more effectively on the AHC in future.

PPIFs have a parallel role in commenting on Trusts' self-assessment. The HC encourages HOSCs and PPIFs to work together in compiling their comments.

The HOSC and Trusts should work together to plan HOSC input to the AHC: areas of concern, form of information / briefings required, timetable, mechanisms for exchanging information, drafts of the declaration and comments.

The AHC is an obvious focus for the development of joint working with PPIFs and to promote engagement in the health scrutiny process, and an annual process of information exchange, priority setting and work planning, jointly involving the HOSC, NHS bodies and PPIFs.

There should be considerable overlap between the issues and concerns:

- which local NHS bodies would identify as current concerns and future priorities;
- which the HOSC would want to consider for its work programme; AND
- which are identified in the Annual Health Check declarations and HOSC comments.

There is value in combining processes that contribute to these, such as information exchange, briefing sessions, e.g. an annual event bringing together the HOSC with NHS partners (and other community and voluntary groups) to coordinate input to the AHC, share issues of concern, engage stakeholders and contribute to the future work HOSC programme. Also assists NHS bodies fulfil their duty to involve patients and public, reduces the need to speak to stakeholders separately.

Engagement in Health Scrutiny

Effective scrutiny requires effective engagement. It should:

- be outward facing;
- represent the perspective of (non-expert) patients and the public;
- involve service users, the wider public and their representatives in its processes;
- work with service providers and decision makers.

Engagement should be used as a criteria and measure for the success of scrutiny.

Local authority powers and duties of community leadership and promotion of well-being give it a lead role in developing community engagement and local partnerships.

Scrutiny should engage with partners and stakeholders by:

- Informing them about the issues being considered and how it will undertake scrutiny;
- Consulting and seeking their views;
- Reporting back on its findings and recommendations.

NHS duty to consult and involve

Under Section 11 of the Health and Social Care Act 2001, local NHS bodies have a duty to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes that affect health and healthcare.

- not just when a major change is proposed, but in ongoing service planning;
- not just in the consideration of a proposal, but in the development of that proposal; and
- in decisions about general service delivery, not just major changes.

The NHS bodies should consult both the HOSC and the local authority executive, as key local stakeholders and (democratic) representatives of the public.

In addition, Section 7 of the Act places a specific duty on local NHS bodies to consult their local HOSC(s) when they are considering proposals for any 'substantial development or variation' in health services (or, for Foundation Trusts, in the in the provision of 'protected services').

Government policy and guidance is putting ever greater emphasis on the duty on NHS bodies to involve patients and the public in the NHS.

Local NHS bodies are required to provide HOSCs with information that they may 'reasonably require' to carry out their functions and respond to written reports within 28 days.

Patient and Public Involvement Forums

PPIFs are independent bodies made up of representatives of local patients and the wider community. Currently one per Trust, Government proposes mergers to give one for each PCT.

PPIFs have a statutory role to monitor NHS services and represent patients and the public. They have the right to visit premises their NHS Trust is responsible for, and access to summary and trend data about Trust performance and complaints. PPIFs may refer issues to the HOSC and the HOSC is required to take account of relevant information provided by the PPIF.

PCT PPIFs have a duty to represent the views of the whole community to the NHS and to HOSCs; and to empower and support local communities and advise local NHS bodies on involvement.

HOSCs and PCT PPIFs have a role in monitoring how local NHS bodies achieve involvement.

The HOSC should work with the PPIF: to support and engage with the PPIF; and to work together to engage and seek the views of the local community.

Engagement with partners and stakeholders

Health scrutiny should engage all potential partners and stakeholders:

- local authority partners: executive, other services and forums, local partnerships;
- NHS partners: NHS bodies, PPIFs;
- Community, user and representative groups and networks, voluntary sector council;
- Individuals, via general consultation, media.

The key partners should work together to achieve common objectives – in particular on involving patients and the public.

Plan together to use each partner's strengths and resources appropriately; add value and avoid duplication. Share information about health needs and service performance, work plans and proposals and current concerns and issues of public interest or sensitivity.

Make full use of existing 'community intelligence', available through the local authority, its networks and relationships with partners including the NHS and the wider community. Establish two-way communication, e.g. with Area Consultative Forums, Service User Forums.

Share access to the extensive infrastructure, resources and experience of the local authority with local NHS bodies and PPIFs, to support them and to develop relationships and joint working. This can help NHS bodies and PPIFs in their duty to involve and consult the wider community.

Engage stakeholders: give them information; seek their views; and involve them in scrutiny.

Work with and through voluntary and community groups, umbrella bodies, NHS patient and carer networks, to gain access to the views of the public; engage them in relevant issues and give them specific role in the scrutiny process.

Coordinate consultation and evidence seeking, across the local authority and with NHS bodies and PPIFs, and with other agencies.

Use a range of scrutiny and evidence gathering techniques that promote engagement: get 'out of the meeting room', go to the public, informal meetings, visits etc. Ensure accessibility – physical and language. Provide support and guidance to participants.

Options and proposals for engagement should be determined and developed with the partners, HOP, NHS bodies, PPIFs, and other potential partners such as voluntary and community groups, working together so that the process itself helps to develop engagement.

Demonstrate effectiveness and build credibility

For engagement to be sustainable, it must be demonstrated to those who do engage that their involvement has made a difference.

Monitor and review the effectiveness of scrutiny – outcomes and process - and involve partners and stakeholders in this.

Record and demonstrate the effects of engagement, show how it has made a difference.

Feedback to partners, stakeholders and the wider public with findings and recommendations, and effect on services and service users.

Plan for the long term. Strong relationships, trust and understanding between the key partners are essential if health scrutiny is to be effective. Give priority to building relationships and demonstrating the value and credibility of health scrutiny.

References

Sources of information:

- CfPS: Centre for Public Scrutiny: www.cfps.org.uk
- CPPIH: Commission for Patient and Public Involvement in Health: www.cppih.org
- DH: Department of Health: www.dh.gov.uk
- HC: Healthcare Commission: www.healthcarecommission.org.uk
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Information and guidance on the Annual Health Check:

- *The final declaration*, updated guidance, March 2006. HC.
- *Guidance for NHS Organisations, OSCs and PPIFs*, July 2005 – Part 2 on OSCs. HC.
- *Criteria for Assessing Core Standards*, April 2005. HC.
- *Measuring What Matters*, March 2005. HC.
- *National standards, local action*, 2004, on the Core Standards. DH.

Information and guidance on engagement:

- *On the radar, OSCs and the voluntary and community sector*, 2005. CfPS.
- *LA HOSCs and patient and public involvement forums: working together,* 2005. CfPS.
- *Engaging patients and the public, Issue 7,* 2005. HC.
- *Strengthening Accountability* – guidance on Section 11, Feb 2003. DH

Local Government White Paper- "Strong and Prosperous Communities"

Proposals within the recent white paper will impact upon the work of the Health Select Committee, defining its relationship with other committees, external bodies, and potentially providing more formalised powers of investigation.

The white paper and subsequent Local Government and Public Engagement in Health Bill[6] aim to develop and strengthen the role of Overview & Scrutiny and non executive councillors, improving opportunities to raise the interests of local people and hold the executive to account. This area is particularly important in relation to proposals to enhance council leadership powers and to enable local authorities to effectively "place-shape"[7].

Specifically, public service providers will be required either to appear before scrutiny committees or provide information within 20 working days. Committees will have to copy any recommendations they make to any bodies affected and will expect a report on outcomes within two months.

Overview and Scrutiny will be required to consider issues raised by Councillors as 'Community Calls for Action', a form of direct petitioning. Furthermore, local authorities will be encouraged to set up 'area' overview & scrutiny committees, to review the actions and local impact of the council. Overview and Scrutiny as a whole will be encouraged to focus on strategic issues such as the Local Area Agreement, Sustainable Communities, and other key strategic plans.

There are proposals to strengthen the involvement of elected members in Local Strategic Partnerships via scrutiny. Local councillors will be given a greater role in advising the executive and providing a local perspective on decisions. Committees will have the opportunity to consider how policies can best promote community cohesion and identify potential negative impact of proposals.
All councils will be encouraged to ensure that the overview & scrutiny function has the appropriate resources dedicated to it. DCLG[8] have suggested that they will develop best practice guidance in consultation with local authorities once the Bill receives royal assent.

[6] Presented to Parliament 12.12.06.
[7] Lyons Inquiry Final report: "*Place-shaping: a shared ambition for the future of local government*", March 2007.
[8] Department for Communities and Local Government.