RCN Policy Unit

Policy Guidance 07/2007

Influencing Health Scrutiny

This policy guidance was produced by Andrew Christaki, Assistant RCN Officer in the South West Regional Office, with the support of the RCN Policy Unit. Its aim is to assist regional boards and staff to work effectively with their respective Local Government Overview and Scrutiny Committees.

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1.0 Aim

The purpose of this paper is to provide advice and practical support to RCN regions in order to maximise opportunity in influencing health delivery locally by working, in partnership, with their respective County Council Health Scrutiny Committee (HSC) membership.

Consideration will also be given to the potential for public and patient involvement and influence in the process of health oversight and scrutiny and how the RCN can develop partnerships with public and patient groups as part of our approach to engaging in the HSC process.

In addition, recommendations on future planning and discussions will be given.

2.0 Background

This paper will build on the recent RCN publication 'Policy Briefing 14/2006 local lobbying: Working with Health Scrutiny'.

Information was gathered by interviewing County Council employees, who oversee the HSC function, and HSC Chairpersons, who are affiliated to a political party.

Further information was taken from government documentation and relevant web sites (refer to resource section in this paper).

assessments to be undertaken and outcomes made available to the HSC. For example service impact assessment (**example: appendix C**), financial risk assessment and if appropriate a recovery plan should be made available.

Some NHS organisations may not feel that changes they are proposing fall into the remit of the HSC. Though, if other forums or organisations feel differently, then submitting written evidence, or (depending on partnership arrangements), discussion through other communication means e.g. direct verbal contact, can lead to the HSC requesting further information from the respective NHS organisation to give an account of their proposed actions.

Also, the public can request issues to be tabled through direct contact with their local MP or Councillor who can request that the committee consider the issues. It appears that direct contact with a member of the committee holds a distinct advantage because items will be tabled more rapidly. In contrast, individual requests hold little esteem unless they are supported by intense public lobbying; which is key.

3.3 Influencing Agenda items

A number of HSCs have agreed templates which provide the relevant information in order for discussion and debate at meetings. Also, it is expected that a representative from the NHS organisation will present the papers submitted.

Remember all HSC meetings are open to the public, though they may hold a closed session.

Evidence of consultation with the public and staff must be evident and robust and available for public scrutiny. Again remember, agenda items, minutes and supporting papers must be made public prior to HSC planned meetings.

Although the process for challenging agenda items is inconsistent across HSC (local E12 l11 ems is inconsis12 505.33263 443l Co10 0 12 125.88 327n fr65e12 5

In addition, agenda items tabled with an outcome can be revisited by the HSC, if additional information is given that would have influenced their initial decision.

3.4 Partnership working with HSC

HSCs do not have the power to overrule NHS organisations decisions, but it is clear they have a potential to influence because they can refer issues to the Secretary of State.

Items to be discussed are usually researched by the overseeing officer, to gather background information and opinions from other organisations.

Seeking opinions from other areas seems to be based on local practice and procedure. There is no universal list of contacts or consultees and requirements vary across HSCs.

The RCN's potential for informing the work of HSCs is not commonly understood although our image is well-recognised, there appears to be a lack of awareness regarding the RCN's role and our capacity to influence at local level.

reforms remain a political issue and will always be seen as a topic for debate within the public arena.

Indeed, observations of HSCs' commitment to health changes seem to reflect the national political party in power. That is, opposing parties appear keen to hear issues if it can be used to challenge their counterparts. Whether this is acceptable is arguable, since there are pros and cons. With this in mind, the RCN must remain aware of such approaches and remain focused on patient care and supporting its members. The RCN's image as

- A recent Government White paper, ‘Strong and Prosperous Communities’, outlines an increase to local government responsibilities and accountabilities. The paper makes provisions for a number of proposals including:

    - Stronger local partnership

    - A wider and stronger role for Scrutiny Committees

    - Changes to public involvement in health

Indeed, Foundation Trusts are considered to be autonomous bodies, evidenced by national lobbying not having much of an impact. As Foundation Trust Status criteria outlines, they are answerable directly to the community they serve. Hence the influencing role of the HSC is critical.

This also highlights that; further consideration must be given as to whether ‘Health and the NHS’ will remain a national political issue in the future.

In light of this, it would be naïve to think that partnership working between HSCs, PCTs and SHAs will not increase and become more influential around commissioning. If not then the role of HSC will merely be a reactive committee.

Politics will probably remain within health but its influence may not be as strong due to the government’s keenness to give local people the power to decide. So, shifting responsibility away from national politicians and central government.

This raises further issues regarding the experience and expertise of the HSC committee. Commissioning health care can be a complex and arduous task. Deciphering information and analysing business cases requires knowledge and expertise. Such expertise is not evident within the committee makeup. Therefore, the committee can request independent advice thereby offering opportunity to reinforce the RCN’s image and strengthen our input in developing partnership working.

3.7 Public involvement

As stated previously, how the public engage with the devolution of power is still not clear. The recent DH publication ‘Strong and Prosperous Communities’ raises further issues

influence they hold within the HSC structure through annual planning of the agenda and their ability to raise issues affecting patient/client care.

The 'Local Government and Public Involvement in Health Bill', which builds on the DH publication 'Strong and Prosperous Communities', is being discussed in Parliament and, relate to reforming the current arrangements for patient and public involvement (PPI). It appears that this Bill aims to:

- Remove the Commission for Patient and Public Involvement in Health (CPPIH) and patient forums.
- Create local involvement networks (LINks) with one in each local authority.
- Give role of LINks to inform HSC on local views regarding health and social care services.

New proposals to merge this independent representation will undoubtedly dilute their present position and voice as representatives of the patient and public. Specific issues will be difficult to table and their opinions will only

Appendix A

Terms of reference/Constitution - Example

The Protocol for Health Scrutiny

1. Scrutiny contacts

In the course of its work scrutiny will have contact with officers and elected members from the county council and the district councils; representatives from the local health community and patient forums as well as individuals, businesses and community groups. Outside contact with scrutiny may take a number of forms:

- As a representative of a group, service or organisation which is the subject of scrutiny;
- As a person, group or organisation bringing an issue to be scrutinised;
- As an expert, or person with information of interest, appearing before the scrutiny committee or task group.

The scrutiny process may relate to a service, an event, a decision or an issue. In all cases people can reasonably expect to know how matters will

All committee meetings are open to the public and media unless the Committee takes a decision to exclude the public and media when

4. Committee reports

Written reports to the Committee should follow a standard format. The Scrutiny Team will supply a template.

Elected members who are not members of the committee/task group are welcome to attend and may participate or provide information on any item under discussion at the discretion of the chairperson.

Officers attending to present reports and/or give information are encouraged to join in the discussion on their item.

5. Attendance at meetings

The Regulations enable the Committee to request the attendance of any officer from a local NHS body to attend a meeting and answer questions.

The Committee will puem.

Appendix B

Submitting evidence - example

Criteria for Developing the Work Plan

Introduction

The Department of Health guidance has not been prescriptive in specifying criteria for identifying issues to include in the work plan. Considering the Committee's wide remit and the likelihood of competing local issues the Committee agreed that in order to produce a viable work plan it was imperative to agree a set of criteria against which prospective topics could be tested before being selected.

The Committee's programme will need to maintain a degree of flexibility to allow the Committee to be responsive to urgent issues that arise. This section brings together a range of criteria, from various sources to assist the Committee in prioritising item for the work plan.

Criteria - national

While the national guidance is not prescriptive, it does offer outline criteria for Overview and Scrutiny Committees (OSC) to support prioritising. These include:

- Ability to make a distinct and positive impact through the scrutiny function
- Topics that are timely and relevant, but not already under review elsewhere
- Achieving positive outcomes such as improved understanding of services, breaking access logjams, or finding creative solutions to complex problems.

Criteria - local

The Committee may identify a number of broad categories as a starting point for developing criteria. These categories could be:

- Participation in consultation on reconfiguration of service provision

- References from patient involvement bodies
- Issues arising from annual reports
- Issues prioritised by Healthy Living Partnership
- Quick Wins

This list also picks up the other element in work planning, which is the need to combine projects that the committee itself initiates and those in which it is responding to NHS activity.

Other Authorities Experience

The criteria used by a number of other authorities that are more advanced in the health scrutiny process have been considered. These tended to be in very similar territory to the local discussion above. Some examples, where they add to the criteria above are:

- A mix between themed reviews, service reviews and health outcome studies;
- A balance between scrutiny initiated by the Committee and scrutiny in response to NHS major changes or new government guidance or legislation;
- Tackling known health inequalities; e.g. higher than average incidence of coronary heart disease in a particular area;
- Relevant to health improvement initiatives, not just health services; e.g. access to physical activity as a contribution to reducing obesity
- Exert a positive influence on NHS developments;
- Represent areas of joint working where the local authority and NHS can make a difference; e.g. joint working on children with disabilities
- Link to other strategies – community strategies (LSP), NHS development plans (LDP), local public service agreement goals; e.g. delivery of more intensive care at home for older people
- A balance of examining policy, monitoring performance and investigation of issues
- Areas where scrutiny can add value and make a difference in a relatively short period of time;

These general criteria also relate to the work planning advice underpinning the general overview and scrutiny process for local authorities. Where authorities have identified more specific criteria they tend to focus on a local context. The following list has some examples attached of local issues that would fall into one of these categories.

- Issues identified by members as key issue (e.g. through members' surgeries and other constituency activities);
- Poor performing service/ High level of user/general public dissatisfaction with service; e.g. access to NHS dentistry
- Service ranked as important by community (through market research, citizens' panels and so on); e.g. prevention of drug use
- Public interest issue highlighted in local media; e.g. joint responsibilities with SSD for care of older people
- Consistency between the agenda of the health partnership body and the committee; e.g. mental health related topics
- Emphasis on the whole system, not just a single service or organisation, but the experience of people with a particular condition or from a particular group
- Balance between service and policy developments

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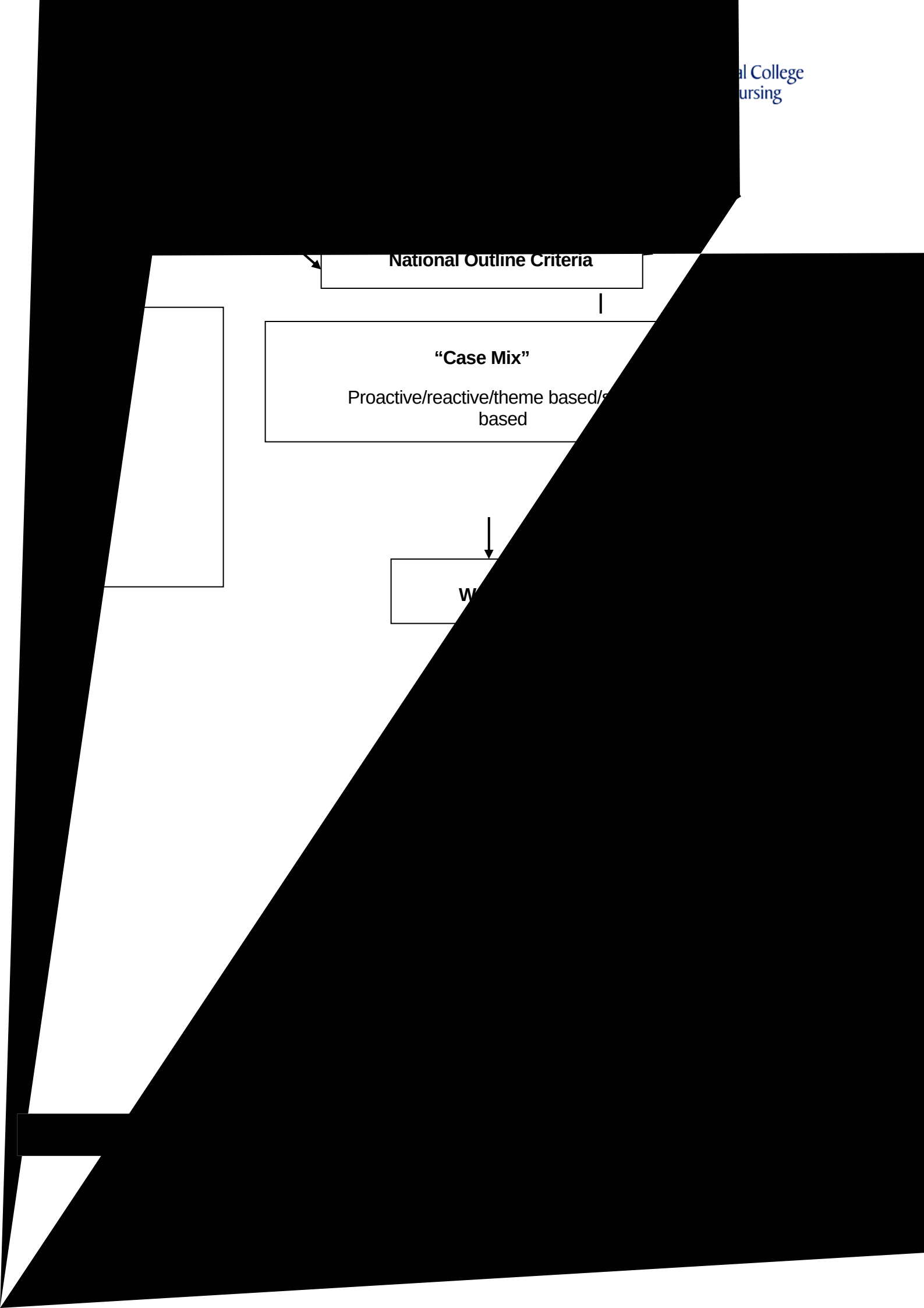
National Outline Criteria
“Case Mix”
Proactive/reactive/theme based/
based

- Joint events with e.g. local voluntary organisations
- Inquiry style hearings

For all projects, thought would need to be given to the involvement of stakeholder groups. The other key support is the gathering and organising of information from national and local sources, and commissioning research where appropriate. Links formed by the Project Officer to the NHS and to District Council leads will be important in maximising use of current resources.

Method

Different approaches will be suited to different types of topic and the Committee may find a matrix, such as that shown below, is useful in deciding what approach to use once their programme is agreed. The ideas shown are intended to show how the matrix would be used in practice they do not necessarily represent agreed topic areas.

Topic	Method				
	Inquiry	Full Committee	Theme sub-group	Area(s) sub-group	Consultation event
NHS consultation on service change		**X**			


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Appendix C

Changes to NHS Services

Impact Assessment - Example

1. Impact assessment details

Name of Trust/PCT	
Name of proposal or service development	
Name of Trust/PCT person completing the form	
Date Impact Assessment scores completed	

2. Brief description of current position and proposed changes

3. Comments from service provider on impact assessment scores

The scoring shall be undertaken on a five point scale, ranging from major negative impact (-3) to major positive impact (+3), using the matrix set out below.

A service variation or development shall be considered substantial where any aspect is deemed to have a major negative impact (i.e. scored – 3) or where the total score in any one of the five impact areas is – 7 or less of +7 or more.

Proposal		
NHS Body		
Impact Range	-3	Major negative impact
	-2	Medium negative impact
	-1	Minor negative impact
	0	No impact
	+1	Minor positive impact
	+2	Medium positive impact

Ref	Aspect	Proposed Change	Do Nothing
A	Change in Setting		
B	Change in Technology		
C	Change in Practitioner		
D	Change in Care Process		

3.5 Financial and Other Factors

Ref	Aspect	Proposed Change	Do Nothing
A	Financial Impact on NHS body		
B	Financial Impact on Local Authority and other agencies		
C	Other material factors		
D	Cumulative effect of change		

Summary

Ref	Aspect	Proposed Change	Do Nothing
A	Other Partner Agencies		
B	Transport		
C	Community Safety		
D	Local Economy		
E	Environment		
F	Regeneration		
G	Social Services		

4.3 Patients/ Carers Affected

Ref	Aspect	Proposed Change	Do Nothing
A	Number of Patients/Carers		
B	Proportion Affected		
C	Equality and Diversity		
D	Social Exclusion		
E	Views from Patients Forum etc		

4.4 Methods of Service Delivery

Ref	Aspect	Proposed Change	

Summary

Ref	Impact Area	Proposed Change	Do Nothing
1	Changes in Accessibility		
2	Impact on the Wider Community		
3	Patients Affected		
4	Methods of Service Delivery		
5	Financial and Other Factors		

Assessment Led by (Name)	
Date Undertaken	
Substantial (Yes/No)	

Appendix D

Health Scrutiny Committee: example of Questions to ask.

Agenda and submission

1. Do you have protocols/procedures agreed? For example:
    - Processes
    - Constitution
    - Agenda criteria – examples?
    - Terms of Reference
    - Impact assessment form
2. If so how are they accessed?
3. How is the agenda created?
    - Is there Tm3 Tr 10.02 0 0 10.02 1-0 10.02 1-0 10.02Tr 453r2.ure

23. How often do you meet?

24. What is the Committee's catchments area?

25. What is the role of the Chair and Officer overseeing the HSC?

26. How is membership of committee selected – balance of political parties within Council?

    - Does this influence agenda and outcomes?

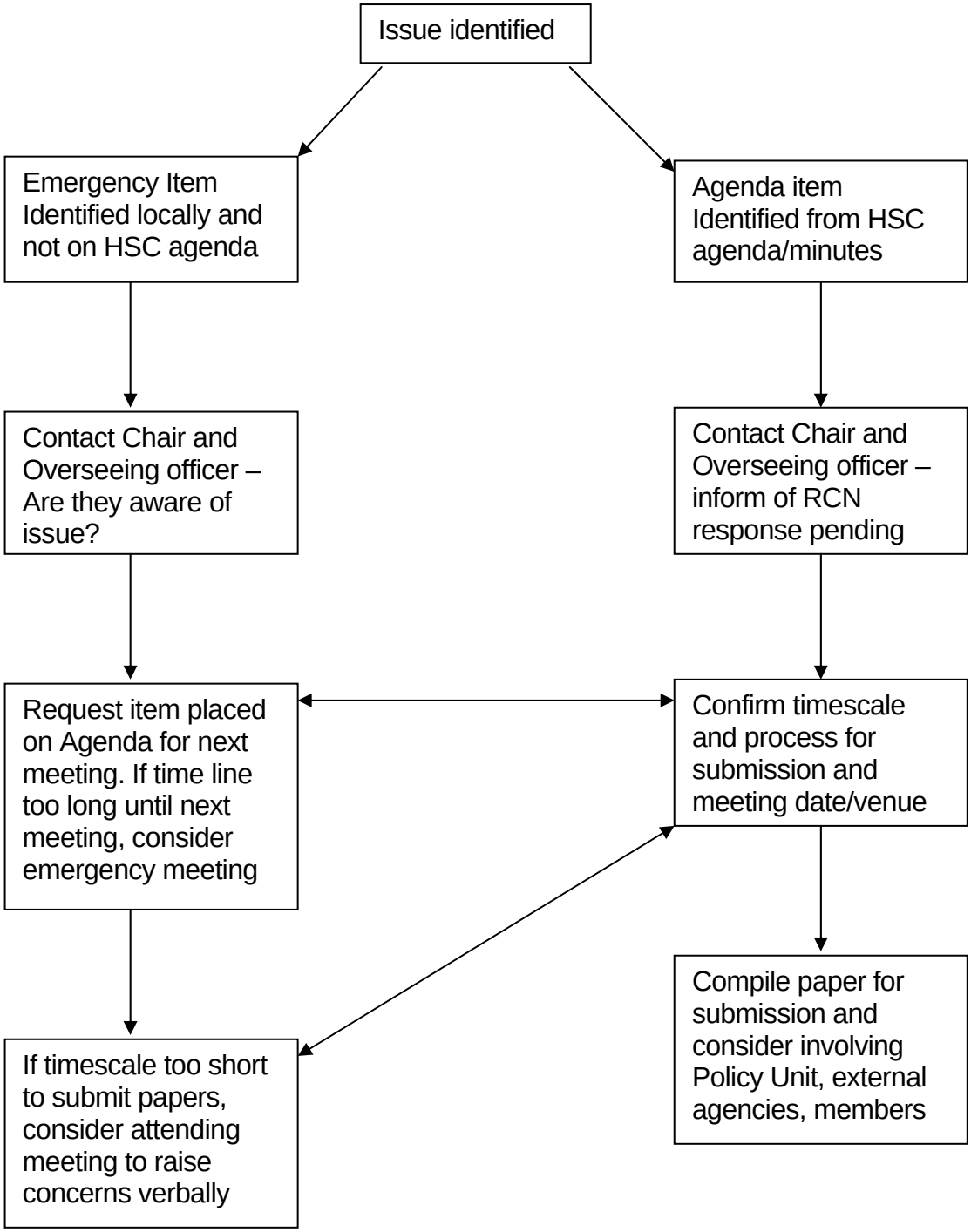
27. What is the membership of the Committee e.g. seats for public and patient forums?

Appendix E

Process flow chart and Checklist for Health Scrutiny Committees

Checklist

Step 1 - Gather relevant inform


Issue identified
Emergency Item Identified locally and not on HSC agenda
Agenda item Identified from HSC agenda/minutes
Contact Chair and Overseeing officer – Are they aware of issue?
Contact Chair and Overseeing officer – inform of RCN response pending
Request item placed on Agenda for next meeting. If time line too long until next meeting, consider emergency meeting
Confirm timescale and process for submission and meeting date/venue
Compile paper for submission and consider involving Policy Unit, external agencies, members
If timescale too short to submit papers, consider attending meeting to raise concerns verbally

Appendix F

Dear

The Royal College of Nursing in the XXXX region represents over XXXX nurses.

Membership is diverse and extends across NHS Acute Trust