

**REPORT FOR: HEALTH AND SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	16 July 2013
<b>Subject:</b>	Francis Report and Health Scrutiny Regulations
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Councillor Janet Mote, Performance Lead for Health and Social Care  Councillor Ben Wealthy, Policy Lead for Health and Social Care
<b>Exempt:</b>	No
<b>Enclosures:</b>	None

## **Section 1 – Summary and Recommendations**

This report provides the Sub-Committee with information on two key developments, both of which have implications for health scrutiny.

**Recommendations:**

The Sub-Committee is recommended to:

1. Reflect on the outcomes of the Francis Inquiry detailed within the report and discuss whether there are any procedures locally that would make the scrutiny process more effective in carrying out its role.
2. Note the new Health Scrutiny Regulations.
3. Consider how the specific roles and inter-relationships of Healthwatch, the Health and Wellbeing Board and Health Scrutiny in Harrow will work.

## **Section 2 – Report**

### **1. Background**

This report provides the Sub-Committee with information on two key developments, both of which have implications for health scrutiny.

#### **(i) The Francis Report**

In February 2013 a report by Robert Francis QC examining the serious failings of care at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009 was published. The inquiry not only pointed to systematic failings of the Trust but also a range of national and local organisations for not responding sooner to concerns for patient care.

Notably, Francis highlights that neither Stafford Borough Council nor Staffordshire County Council's Overview and Scrutiny Committees had properly fulfilled their roles, however acknowledged that it was difficult for anyone 'on the outside' to check what was happening at Stafford hospital. Essentially, Francis supports the role of scrutiny by local Councillors to form a key part of the health service accountability framework.<sup>1</sup>

A full copy of the Francis Report is available at:

[www.midstaffspublicinquiry.com/report](http://www.midstaffspublicinquiry.com/report)

Throughout the report Francis makes 290 recommendations spanning the health and care system, a number of which specifically relate to scrutiny and the ways it could be strengthened. As follows<sup>2</sup>:-

- Recommendation 47: The Care Quality Commission should expand its work with Overview and Scrutiny Committees.
- Recommendation 119: Overview and Scrutiny Committees and Local Healthwatch have access to detailed information about complaints (although respect for patient confidentiality should be regarded.)
- Recommendation 147: Guidance should be given to promote the coordination and cooperation between Local Healthwatch, Health and Wellbeing Boards, and Local Government Scrutiny Committees.
- Recommendation 149: Scrutiny Committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.
- Recommendation 150: Scrutiny Committees should be given powers to inspect providers rather than rely on local patient involvement structures to carry out this role, or actively working with those

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<sup>1</sup> Spanning the System – Centre for Public Scrutiny, March 2013

<sup>2</sup> <http://midstaffspublicinquiry.com/>

structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestions for action.

- Recommendation 246: Published annual quality accounts should be in a common consistent format, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain observations of Commissioners, Overview and Scrutiny Committees and Local Healthwatch.

An initial response has been provided by Government with a further response anticipated later this year.

## **(ii) Health Scrutiny Regulations**

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 state that from April 2013 **all** commissioners and providers of publicly funded healthcare and social care will be covered by scrutiny powers. The duties placed on NHS bodies in relation to these have been broadened by the Health and Social Care Act 2012, ensuring that all bodies in the new health landscape are included. There is a requirement that the NHS Commissioning Board, Clinical Commissioning Groups, providers of NHS and public health services will:

- Enable scrutiny to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority's area;
- Provide information to and attend meetings when requested to do so;
- Enable scrutiny to make reports and recommendations to them;
- Respond within a fixed timescale to health scrutiny reports or recommendations;
- Consult with health scrutiny on proposals for substantial developments or variations to the local health service;
- Understand that health scrutiny can refer proposals for substantial developments or variations to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service.

Whilst the legislation and subsequent regulations set out what the role and responsibility of each body is able to do they do not specify what the relationships between partners might look like. Being mindful of the recommendations born out of the Francis Inquiry and as we await further guidance on how the regulations should be applied, it is timely for Members to consider how partners can best work together to complement each other in the new health landscape whilst making use of the distinct powers they have.

## **2. Developing New Relationships**

As a platform for initial discussion some thinking derived from various publications has been detailed below. This is not an exhaustive list however points to some possible avenues for inter-relationships of Healthwatch, the Health and Wellbeing Board and Health Scrutiny for the Sub-Committee to consider.

### Health and Wellbeing Board

The Health and Wellbeing Board is an Executive Committee of the Council where members of the Board have a strategic overview of health across the Borough. They will be responsible for producing a Health and Wellbeing Strategy and Joint Strategic Needs Assessment.

Scrutiny can;

- Hold the Health and Wellbeing Board to account for the scope and accuracy of its Joint Strategic Needs Assessments (JSNA) and the priorities set out in their Health and Wellbeing Strategy (HWS).
- Contribute evidence to the JSNA and the HWS.
- Provide a critical friend challenge to the way in which the Board carries out its duty to integrate health and social care.
- Investigate issues in more detail for the Health and Wellbeing Board.

### Healthwatch

Local Healthwatch will be the local consumer champion for health and social care, representing the collective voice of people who use services and the public.

Through its seat on the Health and Wellbeing Board, local Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other Members on the Board a Joint Health and Wellbeing Strategy.

- Local Healthwatch have a statutory right to refer matters relating to the planning, provision and operation of health services in Harrow to the Health and Social Care Sub-Committee.
- Local Healthwatch have the right to inspect NHS premises through 'Enter and View' visits.

Scrutiny can;

- Take account of relevant information that Healthwatch may have in relation to any issue it is considering.
- Ask Healthwatch to help gather local views about a health or social care service they are considering.

### 3. Next steps - for Discussion

This report reflects on two separate developments; the outcomes of the Francis Report and the new health regulations. Whilst distinct to each other they interlink and highlight that everyone with a role to hold the NHS to account needs to work together, combine their powers and the information they gather to ensure that lines of accountability are strong.<sup>3</sup>

Members of the Sub-Committee are invited to express views on:

- The recommendations of the Francis Inquiry and whether there are any procedures locally that would make the scrutiny process more effective in carrying out its role.
- Consider how the specific roles and inter-relationships of Healthwatch, the Health and Wellbeing Board and Health Scrutiny in Harrow will work.

Following discussions, the Chair and Vice-Chair of this Sub-Committee along with the Health Scrutiny Leads should initiate discussions with the key representatives of the CCG, the Health and Wellbeing Board, Public Health and Healthwatch around future arrangements and how they will work to build strong, effective and accountable relationships.

#### **Financial Implications**

None

#### **Performance Issues**

None

#### **Environmental Impact**

None

#### **Risk Management Implications**

None

#### **Equalities implications**

Was an Equality Impact Assessment carried out? Yes ( ) No ( x ). This report proposes no service changes.

#### **Corporate Priorities**

The work of this sub-committee addresses all of the council's corporate priorities.

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<sup>3</sup> Spanning the System – Centre for Public Scrutiny, March 2013

### **Section 3 - Statutory Officer Clearance**

Not required for this report.

### **Section 4 - Contact Details and Background Papers**

**Contact:** Felicity Page, Senior Professional Scrutiny, 020 8420 9204

#### **Background Papers:**

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, February 2013

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust, January 2005 – March 2009, February 2013

Spanning the System – Centre for Public Scrutiny, March 2013

Local Healthwatch, Health and Wellbeing Boards and Health Scrutiny – Centre for Public Scrutiny, October 2012