

Working with local authority scrutiny

{Smart Guides}
to ENGAGEMENT

For better commissioning



Working with local authority scrutiny

Part of the **Smart Guides to Engagement** series, this guide helps clinical commissioning groups (CCGs) engage well with councils (local authorities) through their scrutiny functions.

This will enable clinical commissioners to build constructive relationships with councillors to improve health and wellbeing and local services.

Points for commissioners to bear in mind about council scrutiny:

- **Councillors are elected to represent local people and scrutiny carried out by councillors is a key part of the democratic accountability of public services. The scrutiny role is different from the role councillors carry out on health and wellbeing boards**
- **Councillors can provide valuable information for commissioners (and health and wellbeing boards) as part of the process for developing joint strategic needs assessments and joint health and wellbeing strategies**
- **Councillors can provide valuable intelligence for commissioners about experiences of people who use services, as part of monitoring the quality and outcomes of commissioned services**
- **Councils' scrutiny functions can add value to commissioners' work throughout the commissioning cycle. Councillors' legal powers and commissioners' legal duties can be used as a springboard for developing effective relationships**
- **Clinical commissioners should contact their local council to find out about the arrangements for scrutiny and to begin to build relationships. The arrangements for setting up health and wellbeing boards and local HealthWatch are an opportunity to discuss how best to develop a local accountability framework for clinical commissioning**

Council scrutiny – different from LINK/local HealthWatch

Scrutiny by elected councillors and direct involvement of citizens through LINK and local HealthWatch are different but complementary ways that local commissioners and providers are held to account. CCGs have to respond to both.

Council scrutiny	LINK/Local HealthWatch
Councillors as community leaders:	Local people and groups:
Have a broad overview of local health and social care issues	Ask local people what they think about local health and social care and suggest ideas to help improve services
Scrutinise priority areas, including impact of council services	Investigate specific issues of concern to the community
Have no powers to enter and view	Authorised representatives able to enter and view premises to see if services are working well
A right to require information and attendance from cabinet members, senior council officers and NHS staff	Ask for information and get an answer in a specified amount of time
Define substantial developments and variations of health services and require to be consulted	May help NHS develop options for service changes and may submit views during public consultations
Refer proposals for health service changes to the secretary of state in specific circumstances	Refer relevant issues to council scrutiny
Make recommendations and require a response from NHS bodies and council executive	Make reports and recommendations and receive a response
Have a non-executive role to hold decision-makers to account.	Take decisions through role on health and wellbeing boards.

Changes are happening – make the most of them

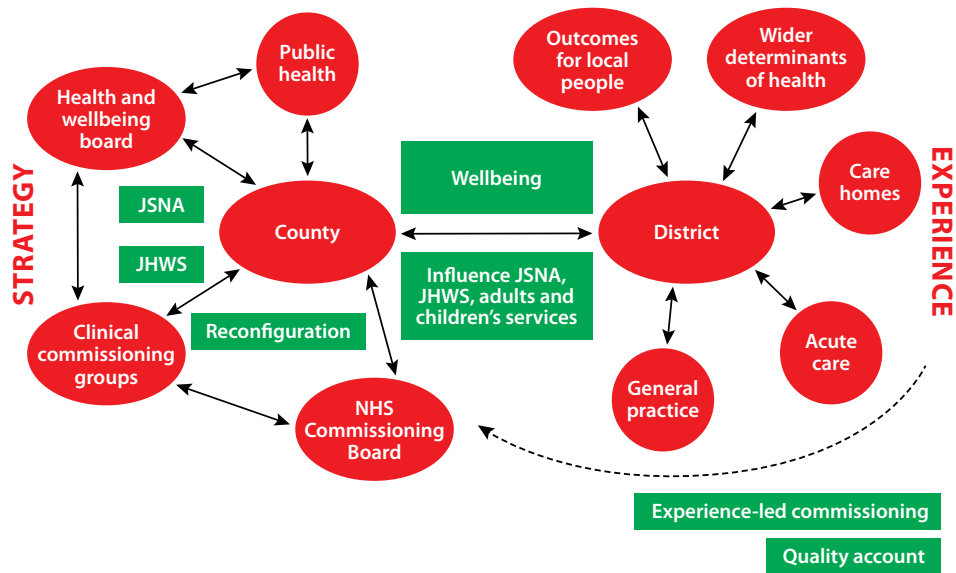
Relationships with the local council and its scrutiny function will be critical to success for clinical commissioning groups. GPs and primary care practices may have experience of working with councillors and overview and scrutiny committees. In the new CCG arrangement, these relationships need to be more widespread and systematic. For this to happen, commissioners need to understand the current scrutiny system and how it is changing.

Councils with responsibility for social care (eg county councils, unitary councils, London borough councils, Corporation of London and Council of the Isles of Scilly) already have powers to review and scrutinise local health service matters. Non-executive councillors (those not part of the council's cabinet) can exercise these powers as part of an overview and scrutiny function – although in future an overview and scrutiny committee will not be a requirement.

The statutory powers that health overview and scrutiny committees currently have in relation to SHAs, PCTs and NHS trusts (to get information, attendance of officials at meetings, get responses to recommendations for improvement and refer contested service changes) have proved a powerful lever for change across the country.

Reflecting the government's localism approach the Health and Social Care Act 2012 gives freedom for councils to choose how best to undertake their health scrutiny powers. This flexibility is underpinned by extending councils' powers to cover all commissioners and all providers of health and social care services.

In two-tier areas, where county and district councils are separate, district councils do not have the same powers, but CCGs should still build relationships with district councils as there are opportunities for both kinds of council to complement each other, as illustrated in the diagram below:



The power of scrutiny

At the moment, there are two groups of councillors in most councils:

- **The executive (sometimes called a cabinet) responsible for implementing council policy**
- **Overview and scrutiny committees (sometimes called panels or select committees), holding the executive to account and scrutinising matters that affect the local area.**

Councillors carrying out health scrutiny have a unique mandate that represents the strongest model of democratic accountability in public services. They are local politicians with a corporate and external role. Councillors will continue to have a strong internal accountability role (ie to hold their political leadership to account) but will have an extended external accountability over all commissioners and all providers. Through scrutiny, councillors can aggregate the experience of individuals (via feedback, outreach or trends in complaints) and identify locally important issues, ranging from operation of services to the development of preventive services, such as smoking cessation or initiatives to support independent living at home.

Councillors contribute to developing person-centred services by holding health and social care services to account and influencing service improvement in the public interest. They can act across the whole health economy, using pathways of care to hear views from across the system, examine priorities and funding decisions, tackle inequalities and identify opportunities for integrating services.

The power of scrutiny is broader than just NHS services and enables councillors to consider services that impact on the wider determinants of health, including those delivered by local authorities. Through this wider work, councillors can influence health and social care improvement and work towards reducing health inequalities.

What powers do councillors have in relation to healthcare?

The primary aims of health scrutiny are to check whether:

- Healthcare is planned and delivered in ways that reflect needs and aspirations of local communities
- Everyone has equal access to services and an equal chance of a successful outcome from services
- Proposals for substantial service changes are reasonable.

To be successful, councillors carrying out health scrutiny need access to information about:

- The health and social care needs of the local population
- Factors that impact on health and social care; the services that are available
- Views of patients, people who use services and the public about what could be improved.

Practical experience of working together

Through scrutiny, councillors can develop a partnership approach to working with CCGs that enables transparent communication and respect but retains rights to challenge. For example, councillors will be keen to use their powers to influence the extent to which clinical commissioners are working with others to:

- Assess healthcare needs (and risks to health)
- Agree strategies that go beyond health and social care services
- Develop commissioning plans that tackle reconfiguration issues
- Respond to the views of people who use services and the wider community
- Tackle inequalities and respect dignity.

Experience around the country suggests this can happen without antagonism or being too cosy. Here are some recent practical steps that council scrutiny committees took that made a difference to developing relationships with CCGs and health and wellbeing boards in their areas.

In Rotherham, consistency and diligence were identified as important qualities for scrutiny. A getting to know you session helped build relationships.

Sheffield experimented with an appreciative approach that worked from strengths and assets and drew on common aims to build respect and trust for the critical friend role.

Staffordshire focused on scrutiny at the seams to explore connections and interfaces across the whole system and between services that often perform poorly.

In several cases, stakeholder mapping was an effective tool to help people make connections as well as identify gaps.

Do these six things now

- ▶ Reflect on your experiences and assumptions of working with local councillors and scrutiny – what worked and what didn't? What needs to change to create constructive relationships?
- ▶ Understand current and future local arrangements for scrutiny
- ▶ Develop relationships with councillors who are part of scrutiny
- ▶ Find out about your council's planned scrutiny agenda and whether there are issues it is looking at that affect your plans – think about how you might build relationships on those issues
- ▶ Think through QIPP workstreams and identify where developing relationships and support from scrutiny will help make significant changes to services
- ▶ Think about how working with councillors through scrutiny will fit in with your plans to work with patients, people who use services and the public

Get Smarter – find out more

Centre for Public Scrutiny (CfPS):

<http://bit.ly/ICPIGg>

Centre for Public Scrutiny and British Medical Association

– Accountability in the New Structures:

<http://bit.ly/JBVrmu>

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