

DECISION-MAKER:	SCRUTINY PANEL B		
SUBJECT:	SCRUTINY PANEL B (STATUTORY HEALTH SCRUTINY FUNCTION) – FUTURE WORK PROGRAMME		
DATE OF DECISION:	10 JUNE 2010		
REPORT OF:	HEAD OF POLICY AND IMPROVEMENT		
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STATEMENT OF CONFIDENTIALITY

None

SUMMARY

This paper provides an overview of the role of the panel in health scrutiny and sets out a suggested work programme for the next 2 years.

RECOMMENDATIONS:

- (i) To note the role of the panel in undertaking statutory health scrutiny.
- (ii) To agree the proposed forward work programme and consider which, if any, of the suggested additional items should be included.
- (iii) To agree the suggested approach to dealing with Quality Accounts for 2010/11.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide clarity on the role of the panel and facilitate a structured approach to the meeting agendas.

CONSULTATION

2. The draft work programme at has been developed in consultation with partners including NHS Southampton City, Solent Healthcare, Southampton University Hospital Trust Hampshire Foundation Trust and Southampton LINK.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL

4. Under the Health and Social Care Act 2001, local authority scrutiny has the power to:
 - review and scrutinise the planning, provision and operation of health services in the area
 - require officers of local NHS bodies to attend meetings and answer questions
 - make reports and recommendations to local NHS bodies and expect a response within 28 days

- set up joint health scrutiny committees with other local authorities and delegate powers to another local authority
5. NHS Trusts have a statutory duty to:
 - provide information
 - consult on any proposed substantial developments or variations in the provision of services
 6. Local authority scrutiny can refer a consultation to the Secretary of State if it considers:
 - the consultation has been inadequate in relation to the content or the amount of time allowed; or
 - that a proposal would not be in the interests of the health service
 7. Section 7 of the Health and Social Care Act 2001 (the Act) amends section 21 of the Local Government Act 2000. The effect of the amendment is to require local authorities with social services responsibilities to ensure that their overview and scrutiny committee or committees have the power to scrutinise the planning, provision and operation of health services. It is, therefore, mandatory that such a local authority has in place arrangements to scrutinise health services.
 8. Scrutiny in Southampton City Council has been restructured and there are now 3 panels that sit under the Overview and Scrutiny Management Committee. Panel B will undertake the statutory health scrutiny function. There are 4 meetings of the statutory panel per year (although there are only 3 this year as a result of the elections). In addition, Panel B will also carry out one health related inquiry. Discussions on the specific inquiry topic are on going and the Terms of Reference will be brought to the panel for discussion at their next meeting.
 9. In addition to the Health Scrutiny that will be carried out by Panel B, Southampton City Council is also represented on 2 informal regional health scrutiny panels - South Central Health Overview and Scrutiny Group (comprising Berkshire, Buckinghamshire, Oxfordshire, Hampshire and the Isle of Wight) and the Joint Health Overview and Scrutiny Committee (comprising Hampshire, Portsmouth, Isle of Wight and Southampton).
 10. The draft work programme at annex 1 has been developed in consultation with partners including NHS Southampton City, Solent Healthcare, Southampton University Hospital Trust, Hampshire Foundation Trust and Southampton LINK. There has also been reference to the NHS (including the SHA) and SCC business plans, the most recent CQC report and consideration of national requirements. There are several items that have been suggested for inclusion in the programme in addition to those that have clear timescales and have been scheduled into the appropriate meeting. The panel are asked to take a decision on the work programme and any other items they would like to include.
 11. The Department of Health introduced from April 2010 a requirement for health service providers to publish annual public reports on the quality of the services they deliver. The aim of Quality Accounts is to improve public accountability and to engage boards in understanding and improving quality

in their organisations. Providers of acute, mental health, learning disability and ambulance services were required to produce a Quality Account this year. Therefore the following providers of services to Southampton were required to produce a Quality Account on part or all of their service this year:

- Southampton University Hospitals Trust
- Hampshire Partnership Foundation Trust
- South Central Ambulance Service

Further work is underway to develop Quality Accounts for primary care and community services providers with the aim to bring these providers into the requirement by June 2011.

12. Health Scrutiny and LINKs have a role (albeit a voluntary one) in reviewing and providing a statement for the accounts. This means that commissioning PCTs, LINKs and OSCs will have important roles in the development of Quality Accounts and in maximising their success. The statement should be based on year round discussions with providers. Given the process is still evolving, and there are only 2 remaining statutory meetings this year, it is proposed that in 2010/11 the panel focus on Southampton University Hospitals Trust and invite them to attend and present their quality account which will be published in June this year. This will enable a dialogue on progress towards their objectives and enable the panel and LINK to comment on the accounts next year in an informed way.
13. The process for how the panel approaches its role in relation to Quality Accounts in future years can be assessed following the success of the approach taken with Southampton University Hospitals Trust.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

14. None.

Revenue

15. None.

Property

16. None.

Other

17. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

18. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000

Other Legal Implications:

19. None.

POLICY FRAMEWORK IMPLICATIONS

20. None.

SUPPORTING DOCUMENTATION

Appendices

1.	Panel B Forward Work Programme – 2010/12
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Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the
Access to Information
Procedure Rules / Schedule
12A allowing document to be
Exempt/Confidential (if
applicable)

1.	None	
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KEY DECISION? **no**

WARDS/COMMUNITIES AFFECTED:	
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ITEM NO: 10 Appendix

Panel B Forward Work Programme (Statutory Meetings)– 2010/12

Scrutiny Panel B	Suggested meetings topics
2010	
September 9 th	<p>JSNA Consultation</p> <p>S-LINK – Annual Report</p> <p>Planned Service developments and changes in relation to mental health and learning disability services in Southampton (Hampshire Partnership Foundation Trust)</p> <p>Merger of Solent Healthcare with Hampshire Partnership FT (Solent Healthcare)</p>
2011	
January 13 th	<p>Quality Accounts (presentation from Southampton University Hospitals Trust)</p> <p>Progress on improving safety, dignity and safeguarding</p> <p>CQC –Update on action plan and relationship</p>
April 21 st	<p>Quality Accounts – Comments on draft report.</p> <p>Progress on reducing waiting times for social care assessments</p> <p>Progress on Putting People First</p> <p>Update on Solent Healthcare one year on – progress and issues</p>
June	<p>Integration of commissioning between NHS and Southampton City Council</p>

Sept	
2012	
Jan	<ul style="list-style-type: none"> ▪ NHS Southampton/SCC review and redesign of specialist housing
April	

Other suggested items:

- Specialist Palliative Care Services (including option appraisal for the future of Countess of Mountbatten House)
- Primary care development in Southampton (i.e. GP commissioning, access to and structure of GP practices, range of services available, performance)
- Use of new and emerging technologies – i.e. telecare
- Increasing Access to Psychological Therapy
- The development of the Common Assessment Framework
- Progress against the national COPD strategy
- Progress against the National Dementia Strategy
- Future of Crowlin House (carried forward from last year – timings to be confirmed).