**What is Health Scrutiny?**

A key aim of Health Overview and Scrutiny is to make recommendations that improve health services. It focuses on the planning and provision of local health services for Bath & North East Somerset residents. It also increases the accountability of NHS organisations, therefore reducing health inequality and supporting the improvement of health in the area.

The way health scrutiny works changed following the *Health and Social Care Act (2012).* This Act made a number of changes to the way health and social care services will be provided in the future, although health scrutiny will still play an important role in monitoring the work of health organisations and holding decision makers to account.

**What does the Panel with responsibility for Health Scrutiny do?**

The Panel is able to:

* Hold local health services to account
* Hold the Cabinet to account by reviewing Council policies and decisions that may relate to or impact on the health of the local community
* Undertake policy development on behalf of the Cabinet or Council
* Work with communities to promote and investigate issues of concern
* NHS organisations may be invited to meetings of the Panel to give presentations on their areas.

In this way the Panel is kept updated about current policy, performance and informed of any proposed changes. The Panel may also invite health organisations to respond to specific requests for information about issues arising.

The areas of work that the Panel undertakes can cover a broad range of issues, whether reactive (such as possible changes or proactive (such as reviewing local health issues e.g. how and why services are commissioned and access to services). The Panel also looks at health and fitness promotion (e.g. tackling issues such as obesity or smoking).

**Which health organisations are involved?**

In the past the Panel has worked regularly with both regional and national bodies including:

* Our partners the Clinical Commissioning Group (CCG) B&NES and the local Health & Wellbeing Board. Both of these organisations were introduced after health service re-structuring in April 2013 (see description later).
* Avon & Wiltshire Mental Health Partnership (AWP) and the South Western Ambulance Service (SWAS)
* Hospital Trusts (Royal United Hospital, Royal National Hospital for

Rheumatic Diseases). Other Hospital Trusts may also be included where they provide services to Bath and North East Somerset residents

* The local Healthwatch who monitor local health services and social care.

**What powers does the Panel have?**

NHS bodies must consult the Panel on any major changes they propose for their services. This is in addition to the duty of those bodies to ‘consult and involve’ patients and the public whilst these proposals are being developed. Where the Panel considers the change to be ‘substantial’, it has the power to require further consultation. It also advises on the quality and timing of it and considers the results.

**What happens when a health issue affects more than one Council area?**

Some health issues will be specific to Bath and North East Somerset while others (e.g. performance of large hospitals or regional health services) will extend beyond local Council boundaries. In such cases, where substantial change is decided, the Panel is obliged to undertake joint working with the relevant Council’s Health Overview and Scrutiny Panels.

**What changes were made with the Health and Social Care Act (2012)?**

The *Health and Social Care Act (2012)* resulted in a variety of changes to the health care system. These included:

The removal of:

* Primary Care Trusts (PCT’s) who commissioned health services for local areas e.g. hospitals, dentists, mental health trusts etc
* Strategic Health Authorities (SHA’s) who managed the NHS on behalf of the Secretary of State by monitoring performance and developing plans to improve health services in local areas

These bodies were replaced by:

* NHS Commissioning Boards which are made up of multi-professional clinical groups and are responsible for making sure certain health services are provided across the country e.g. specialist services such as children’s heart surgery, dental services, pharmacy services and NHS eyesight tests
* Clinical Commissioning Groups who are responsible for purchasing the majority of health services across local areas e.g. mental health services, maternity services, ambulances and A&E. These groups are primarily made-up of GPs but they can seek advice from ‘clinical senates’ (groups made up of healthcare professionals including nurses, surgeons and clinicians) on their commissioning strategies

Local Involvement Networks (LINks) have evolved into a new organisation called Healthwatch. There is a national body (Healthwatch England) and a local body. They have two primary roles, acting as patient advocates and providing an effective challenge to the working of the Clinical Commissioning Group and Health and Wellbeing Boards. These will be funded by the local authority and two members of the local branch of Healthwatch will have a place on the local Health and Wellbeing Board.

Health and Wellbeing Boards contain members of the local authority’s Cabinet; senior local authority officers; Clinical Commissioning Group; NHS Commissioning Board and patient representatives (including Healthwatch). The Health and Wellbeing Board are responsible for developing a Joint Strategic Needs Assessment (JSNA) and developing a joint health and wellbeing strategy for the local area to improve health services.

Health Scrutiny has the powers to scrutinise the working of the new Clinical Commissioning Group and any providers of healthcare services, however they must do this by working closely with Healthwatch. The legislation also suggests that any substantial variations to services would need to be referred through Full Council but can be delegated however the Full council sees fit. In Bath & North East Somerset Council, the function is delegated to the Health & Wellbeing Select Committee. Councillors on the Health & Wellbeing Select Committee therefore have a role, as representatives of the public, to hold to account local Health organisations when they are making decisions about the future of health care provision in Bath & North East Somerset.

Scrutiny will also have an important role in monitoring the Health and Wellbeing Boards performance against the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

The differences between the Health & Wellbeing Board and the Health & Wellbeing Select Committee.:

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| --- | --- |
| **Health & Wellbeing Board** | Health & Wellbeing Select Committee. |
| Members comprise senior Council officers, Cabinet Members, Healthwatch, NHS England and the local Clinical Commissioning Group | Members are non-Cabinet Councillors. |
| Undertakes a Joint Strategic Needs Assessment and then sets the local Health & Wellbeing Strategy | The panel does not make decisions. It seeks to take an overview of services and in doing so, may suggest policy developments. The panel can however make recommendations for Cabinet members to respond to. |
| Creates the higher level vision for local health and care services | The panel also has the right to call service providers, council officers and Cabinet Members to appear before the panel  |
|  | The panel can scrutinise substantial changes in health services. In particular circumstances the panel may make a referral to the Secretary of State |
|  | Can scrutinise the HWB’s work |

*June 2015*