

Communities and Local Government Committee – Local Authorities Role in Health

Submission from the Centre for Public Scrutiny

This submission draws on our thinking about transparent, inclusive and accountable health services and health improvement; our work on the health reforms to date; our experience of developing policy and supporting successful practical programmes; and our work with local councils and partners to help implement the reforms locally.

About the Centre for Public Scrutiny (CfPS)

CfPS (an independent charity) is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and people who use services.

We work across government (for example with the Department of Health, Communities and Local Government, Home Office, Department of Work and Pensions), with the Local Government Association and with stakeholders across primary and acute care (for example with the NHS Confederation, NHS Alliance, Foundation Trust Network, Care Quality Commission, Independent Reconfiguration Panel). We have supported councils and NHS bodies individually and collectively through our comprehensive published guidance, events and network of expert advisers.

CfPS believes that public services should be transparent, inclusive and accountable. In the context of improving health these principles should be applied to ensure that commissioners and providers of healthcare understand and respond to the needs and aspirations of local people for their health and care.

Why transparency, involvement and accountability are important

Organisations building a culture based on these principles are more likely to demonstrate themselves as credible to people who use services and communities. Putting these principles at the heart of their new role in health will help councils demonstrate credibility. Four mutually reinforcing principles, leading to improved public services, need to be embedded at every level:

- Providing constructive ‘critical friend’ challenge.

CfPS is a registered charity: number 1136243



- Amplifying the voices and concerns of the public.
- Led by independent people who take responsibility for their role.
- Driving improvement in public services.

CfPS submission

The Committee may be aware of our policy paper ‘Accountability Works’ (2010) and our practical framework for action ‘Accountability Works for You’ (2011)¹. These set out the case for stronger local accountability, arguing for joined up approaches that link people together and encourage the development of co-production i.e. professionals, the public and their representatives finding solutions to problems together. The need to improve outcomes at a time of economic and demographic challenge makes this an imperative and our ‘Accountability Works for You’ framework is helping public organisations take forward these ideas in their areas in very tangible ways. The Committee may wish to endorse our principles – the idea that ‘culture and values’ are more important than ‘structures and processes’ - when it is considering its report about councils’ role in health.

We welcome the new role for councils in health, although we recognise that councils have always had a significant influence on people’s health. We believe that councils can be the catalyst for re-defining relationships and behaviours between:

- Professionals, patients and carers (e.g. through shared decision-making).
- Commissioners and providers (e.g. through shifting the balance of power and capacity to change the status quo).
- Commissioners, providers and communities (e.g. through involvement and influence).
- Commissioners, providers and councillors (e.g. through political leadership and scrutiny).

We welcome the creation of health and wellbeing boards, the strengthening of joint strategic needs assessments (JSNAs) and the introduction of joint health and wellbeing strategies (JHWSs). We recognise that a ‘one size fits all’ approach has not always been appropriate in the past and that local clinicians have not always felt the freedom to adapt national frameworks to local circumstances. In this context we think that councils, with partners on health and wellbeing boards, will need to be clear about how they can work with the NHS Commissioning Board to ensure joint strategic needs assessments reflect what local people say are prevalent risks to health and joint health and well-being strategies focus resources on local priorities.

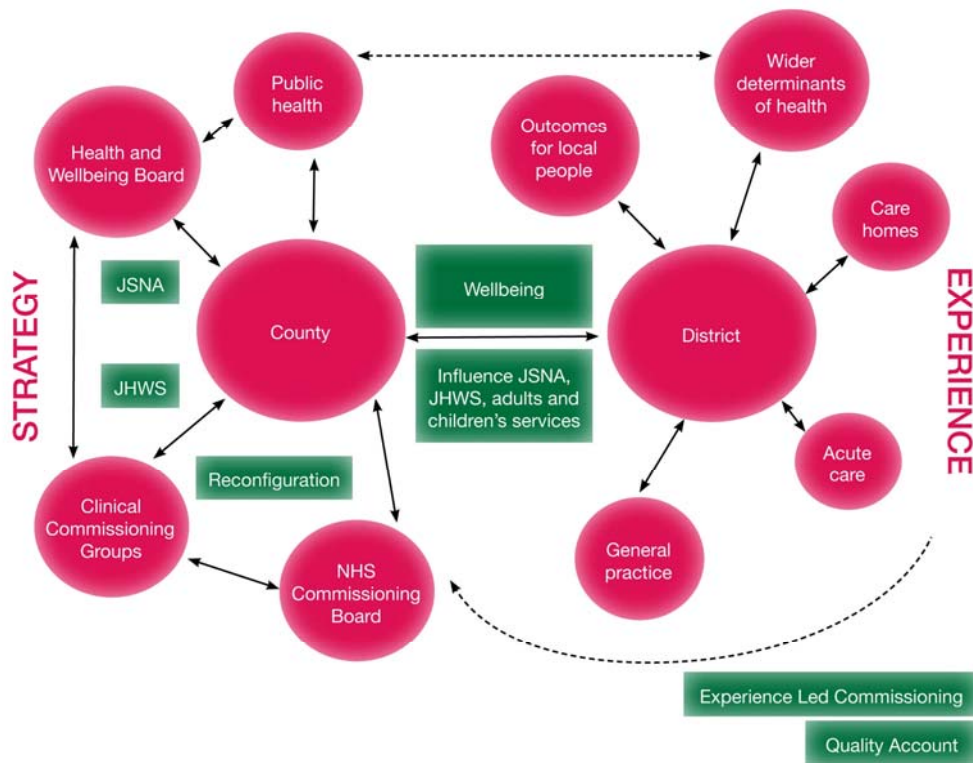
We think that the best JSNAs and JHWSs will go beyond health and social care services, for example covering housing, education, skills and business growth. Councils should make sure that the knowledge and skills represented by Directors of Public Health add value across the whole spectrum of council activity.

We do not believe that improving health is something restricted to ‘top tier’ councils. There is a role for district councils in two tier areas, both through their operational functions (for example, housing, leisure, environment and planning) and their scrutiny arrangements.

¹ <http://www.cfps.org.uk/accountability-works>

CfPS is a registered charity: number 1136243

We think that council scrutiny can help secure credible JSNAs, JHWSs, influence commissioning plans and integrated services and keep in touch with the experiences of people who use services. A model for how this might work in two-tier areas is shown below:



Freedom from central control means that local accountability needs strengthening so that local people have confidence that commissioners and providers are focused on safe services that provide good quality and value. Communities need confidence that public services are focused on sustainable long term improvement not short term financial gain. Councillors – with their unique democratic mandate to speak up for people about everything that happens in an area - should be at the heart of this new approach. A greater focus on improving health and reducing inequalities will also provide a real opportunity to ensure that councillors can enhance their relationship with their electorate, strengthening their role in challenging services provided by many different partners, and effecting real change on behalf of the residents of their patch – community leadership.

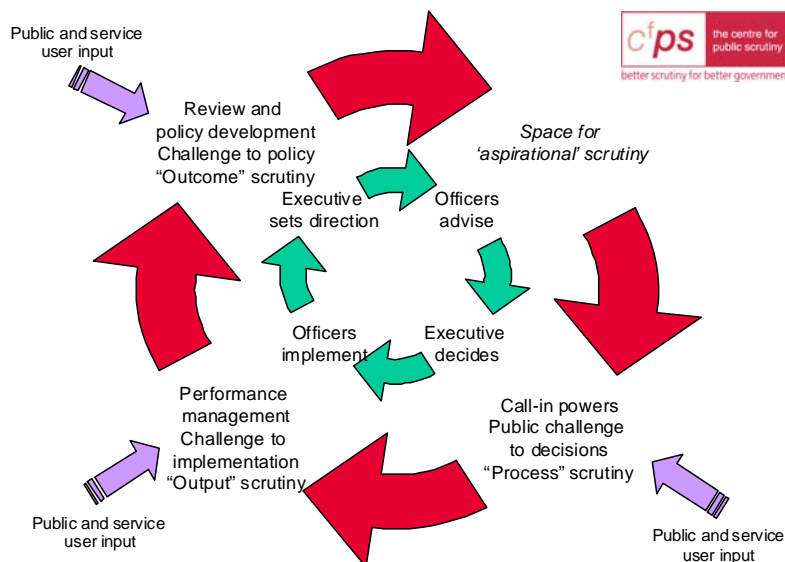
The Centre has been running a successful Health Scrutiny Programme since health scrutiny powers were introduced following the 2001 Act. In 2009 we began supporting local councils to use scrutiny functions to focus on health inequalities. This work has proven that council scrutiny has a key public health role; bringing a different perspective and adding value to the work of NHS professionals. Health scrutiny has been effective at improving health services and the experience of people who use them. It has also been effective at involving the public in its work. However in order to do this it has relied on two complementary roles: 'overview' and 'scrutiny'.

CfPS is a registered charity: number 1136243

- Overview: a strategic view of the risks faced by communities and their health and social care needs – for example arrangements made by commissioners and providers to understand risks and needs, set priorities for investment in integrated services to mitigate risks and meet needs and assess the value of outcomes from those investments. This role helps council health scrutiny functions to add value to joint strategic needs assessments and joint health and well-being strategies.
- Scrutiny: operational aspects of planning and delivering health and social care services, focused on the experience of people who use services – for example, shared decision making in individual treatment and care, collective involvement in decisions about reconfiguration of services, outcomes for particular groups of people who use particular services. This role helps council health scrutiny functions to add value to service improvement.

Building on the theme of councillors as ‘guardians’ of people and places, it is important to be clear about how they can use processes for challenge and accountability to provide assurance for local people that their needs and aspirations are understood, that services are being planned and delivered around their long term needs and that public agencies understand (and are working together to mitigate) risks to the resilience and prosperity of communities.

It is important to be clear that we are not arguing for retained bureaucracy or simply to retain the status quo. Public sector reform demands a fresh look at how councillors review and challenge services on behalf of, but increasing alongside, local people. First of all, the language of ‘accountability’, ‘scrutiny’ or ‘challenge’ can give a misleading impression of what these functions can achieve. For example, ‘holding to account’ is not always about reacting to decisions that have been made, it is much more than this – it is about influencing every part of the business cycle, as illustrated in this diagram:



CfPS is a registered charity: number 1136243

Every aspect of review and challenge is important (a useful set of tools), we think councillors can add more value if they operate predominantly at the top levels of the diagram (focusing on outcomes and future strategy) rather than at the bottom levels (focusing on process and performance).

Overview and scrutiny: a powerful public health tool

Through our work we have identified a role for council scrutiny in developing a strong JSNA and the JHWS that flows from it. Our publication 'Peeling the onion' – learning, tips and tools from the Health Inequalities Scrutiny Programme² - described in detail how local authorities and in particular the scrutiny function could be used to improve health and reduce inequalities. The publication followed the journey of 10 'Scrutiny Development Areas' and how they refined the scrutiny process to add real value to the work of the NHS and improve outcomes for local people.

This work demonstrated that there is also a vital role for council scrutiny in ensuring that commissioned services meet need and improve health outcomes for local people. It is evident that the role of scrutiny can enhance the development of robust JSNAs and JHWSs – this role needs to be emphasised further. Council scrutiny can:

Be pro-active

Our work has highlighted a pro-active role for scrutiny – not just moving in when things go wrong - helping members of health and well-being boards to understand the issues that communities face and suggest solutions by looking through a different lens to help to:

- Develop local understanding – of the area, the data and the people – helping with the development of the joint strategic needs assessment.
- Engage the community – the right people at the right time in the right place – getting to understand the local picture to build an effective health and wellbeing strategy.
- Improve partnership working, ownership and leadership of health and wellbeing.

Help to maintain a focus on improving outcomes

Our work has demonstrated that scrutiny can play an active role in a renewed focus on outcomes and ensuring that health is improved. Moving from scrutiny of organisations to looking at care pathways and outcomes can help to ensure that the actions of the Health and Wellbeing Board and clinical commissioning groups impact positively on the community in an integrated system of care.

We have demonstrated the valuable role of scrutiny within the health and social care system, making it an effective public health tool to tackle health inequalities. Our success in this area led to the Centre developing a new model of scrutiny (our publication – Tipping the scales³) that measured the impact of the review and of the recommendations that came from it. We

² http://politiquessociales.net/IMG/pdf/CfPSPeelingonionfin_1_1_.pdf

³ <http://www.cfps.org.uk/publications?item=7137&offset=0>

worked with a Senior Fellow of the Institute of Health Equity (who was heavily involved in the Marmot Review that was published in 2010), and local councils to develop this approach. The model has been welcomed by the Department of Health and is currently being used to support the Inclusion Health agenda – tackling inequalities for the most vulnerable in our society.

Contribute to a wider system of health and social care

Our most recent publication - ‘Local Healthwatch, health and wellbeing boards, council health scrutiny – roles relationships and adding value⁴’ focused on the contrasting and complementary roles within this triangular relationship and how they would work together to ensure that their skills and capacity are fully utilised. For example, scrutiny can review topical issues or help to identify gaps in provision, making recommendations to the Health and Wellbeing Boards for inclusion within the JSNA and JHWS.

Councils can get added value through council scrutiny, local Healthwatch and Health and Wellbeing Boards working together with the goal of improving outcomes.

Conclusions

We welcome the recognition that healthcare and social care services need to be more closely aligned. It makes sense to remove barriers to integration of services. The ‘power of general competence’ is a major step forward in freeing councils to work with others. It needs to be as easy for others to work with councils. What is important is that current and future freedoms are transparent and accountable and that new barriers to integration are not created.

It is often at organisational boundaries that people’s experiences of services break down. The role for councils to co-ordinate healthcare, social care and health improvement is welcomed. The development of ‘community budgets’ could be an opportunity for councils to focus public expenditure where it is needed, with the potential to help join up health and social care services by removing organisational and professional boundaries. Freeing up the way in which funding is allocated and greater flexibilities for genuinely pooled resources (both personnel and budgets) will help with this.

More flexibility to target resources where need is greatest may mean reshaping services in order to invest in new, preventative and early intervention strategies. This would be a major cultural shift - health improvement will increasingly be achieved by mainstream services rather than hospital-based services. Early and ongoing transparent engagement and communication with people, patients and service users and staff would be crucial to ensure that they can influence these changes, through direct involvement and through effective and independent scrutiny.

Tim Gilling
Acting Executive Director
Centre for Public Scrutiny

⁴ http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_693_CFPS_Healthwatch_and_Scrutiny_final_for_web.pdf
CfPS is a registered charity: number 1136243