

Committee Health Scrutiny Panel	Date 27 th July 2010	Classification Unrestricted	Report No.	Agenda Item No.
Report of: Originating Officer(s): Katie McDonald Scrutiny Policy Officer		Title: <i>Health Scrutiny Evaluation – Summary and Action Plan</i> Ward(s) affected: All		

1. Summary

- 1.1 This report submits the Summary and Action Plan in response to the Health Scrutiny Evaluation conducted in January and February 2010. The Final Evaluation Report was considered by the Health Scrutiny Panel in March 2010.

2. Recommendations

- 2.1 The Health Scrutiny Panel is asked to consider and comment on the Action Plan.

LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

LIST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT

Background paper	Name and telephone number of and address where open to inspection
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3. Background

- 3.1 As the Health Scrutiny Panel's four- year work programme approached its end. It was agreed in October 2009 that it would be beneficial for an external evaluation.

LB Tower Hamlets commissioned Tim Young, a scrutiny advisor, to carry out the evaluation and submit a report in February 2010.

- 3.2 The review is based on the Centre for Public Scrutiny's principles of good scrutiny and the evaluation tested views from across the authority and its partners on the effectiveness of the four-year programme. The bulk of the work involved in this evaluation took place in January and early February 2010. The approach was based on a review of extensive documentation from the Council and all health partners; a range of interviews with Members, council officers and health partner's personnel as well as an observation of the Health Scrutiny Panel meeting on 26th January 2010.
- 3.3 It was an important piece of work identifying both strengths and weaknesses as well as providing recommendations for improvements to the HSP as we look to the 2010/2011 programme.
- 3.4 The Summary and Action Plan were produced in response to this report and It is important that they are formally discussed and agreed by the Members of the Health Scrutiny Panel. The Summary with the Action Plan is attached at Appendix A.

4. Concurrent Report of the Assistant Chief Executive (Legal)

- 4.1 The Health and Social Care Act 2001, added to the duties of Overview and Scrutiny Committees to set up Health Scrutiny Panels to review and scrutinise matters relating to the health service in the authority's area and to make reports and recommendations on such matters in accordance with the relevant regulations.

5. Comments of the Chief Financial Officer

- 5.1 This report provides the Summary and Action Plan in response to the Health Scrutiny Evaluation conducted in January and February 2010 and the final report was subsequently considered in March.
- 5.2 There are no specific financial implications emanating from this report, and any additional costs that arise from implementing the Action Plan, must be contained within directorate revenue budgets. Also, if the Council agrees further action in response to this report's recommendations then officers will be obliged to seek the appropriate financial approval before further financial commitments are made.

6. One Tower Hamlets consideration

6.1 This Action Plan incorporates key aspects of One Tower Hamlets considerations to strengthen community leadership and tackling inequalities which is central to the work of the Health Scrutiny Panel and this is reflected in the actions around access to services its aims to strengthen community leadership through increasing resident engagement in the democratic process of health scrutiny.

7. Risk Management

7.1 There are no direct risk management implications arising from Action Plan.

Appendix A:

Health Scrutiny Evaluation Action Plan - May 2010

1. Context

In February 2010, Tower Hamlet's Health Scrutiny function was independently reviewed by, Tim Young an associate of the Centre for Public Scrutiny. The Scrutiny Team advised at the last HSP meeting of the 2009/2010 municipal year that they would respond to the evaluation with an action plan.

2. Summary:

The evaluation acknowledges that much has been done to build the credibility and effectiveness of health scrutiny in the borough, stating that this improvement was recognised by the Council's Corporate Assessment in 2008 in which inspectors judged that scrutiny locally makes a real and positive difference within Tower Hamlets and it is evident that Health Scrutiny has played a large part in this. There have been a number of successes in contributing to the shaping and improvement of services strategies and provision aimed at tackling local health issues, for example through the GP and dentistry services and tobacco cessation reviews.

Tower Hamlets has many of the required elements of effective scrutiny in place, the evaluation found that:

- The HSP has worked hard to construct a coherent scrutiny programme, taking account of other audits and reviews, and has sought to provide effective public accountability.
- Over the four years the HSP has taken board substantial pieces of work, involving joint health overview and scrutiny committees on a sub-regional and pan-London basis.
- One of the HSP's strengths is that it has been broadly effective at 'the reactive agenda' – in picking up and dealing with local residents' pressing health issues.
- Elected members are engaging more effectively with service users and NHS trusts across the borough.
- Tower Hamlets has a strong platform on which to build, particularly given the enthusiasm and willingness of the Trusts to engage.

However, there are areas where improvements can be made; the report highlighted some issues that have inhibited the effective delivery of a coherent and proportionate programme of health scrutiny in Tower Hamlets:

- The sheer scale of health problems and inequalities in Tower Hamlets poses problems for the HSP in constructing and prioritising its agenda.
- The HSP is inclined towards employing a 'broad and shallow' as opposed to a 'narrow and deep' approach and as a result rigorous scrutiny and holding to account can suffer.
- The practice of only doing one review a year might be reconsidered, since two more focused reviews completed in a shorter timescale might be of greater value.
- There are improvements that the HSP could make to planning and managing its agenda – there is a case for following a less is more approach, to ensure more manageable agendas lead to more robust scrutiny, which could have more impact in adding value.
- There are further improvements to be considered to make HSP meetings more effective, i.e. being briefed about the key issues, drawing more fully on patient and service user experiences, and developing questioning strategies before the meetings take place would enable HSP members to offer a more robust 'critical challenge' to the professionals.
- Further improvements need to be made to the partnership working approach, for the new HSP programme beginning in 2010, it will be important to draw on previous experience to employ the most effective ways of engaging HSP members - including the Panel's co-optees – and health partners in its planning, especially developing the HSP's working relationship with THINK, to make use of its gathering of patient and public experiences of health and social care services.
- Particular attention needs to be directed to the way in which Members' role as community leaders in constructively informing and shaping proposed changes to service provision might be supported and enhanced.
- Efforts to engage patients and residents in scrutiny review should continue – a clearer understanding about areas of responsibility and operation between the HSP and THINK could help to reap the benefits of effective joint working through co-ordination of effort.

The recommendations put forward to the health scrutiny programme in the evaluation are offered to assist Members and all health partners to make the journey, as one of the evaluation contributors put it, "from good to great."

The action plan is attached and outlines our actions and responses to the recommendations as well as tracking milestones to indicate progress.

3. ACTION PLAN

Recommendation	Activities / Response	Progress Milestones	Lead Officer
Objective 1: Ensuring scrutiny incorporates best practice in addressing health inequalities			
1.1 Ensure the implications of the Marmot are incorporated into the work programme.	<ul style="list-style-type: none"> - Produce summary and action points relevant to LBTH from Marmot Review. - Include in the induction programme 	June 2010	KM
1.2 Benchmark the HSPs work and that of Tower Hamlets against those authorities which have been awarded beacon status for reducing health inequalities.	<ul style="list-style-type: none"> - Benchmark against other local authorities, the GLA and third sector to explore best practice examples in health scrutiny 	Induction programme delivered June 2010	KM
Objective 2: Improving the approach to programming health scrutiny and carrying out reviews			
2.1 Try new ways of carrying out and gathering evidence for scrutiny reviews to help keep the approach fresh, innovative and securely evidence based.	<ul style="list-style-type: none"> - The start of each review to include a discussion point exploring more innovative ways of gathering evidence, this will be added to the HSP protocol to ensure engagement of members. 	September 2010	KM
2.2 Consider taking a cross-sectoral, 'Total Place' approach to the overall framing of the new health scrutiny programme for 2010-14. Ensuring that all health partners, the Council and the voluntary and community sector in LBTH are able to play their part in addressing key health issues.	<ul style="list-style-type: none"> - All health partners and key stakeholders to be included in the setting up of the work programme for 2010-14 through a well developed and thorough induction programme. 	Invite comments from partners May 2010.	KM
2.3 Review the practice of doing only one HSP scrutiny review a year, to see if two more focused reviews completed in shorter timescale, might be of greater value.	<ul style="list-style-type: none"> - Present only one detailed review each year to retain focus. - Reviews to be completed by January to 	On-going	KM

Recommendation	Activities / Response	Progress Milestones	Lead Officer
	enable shorter reviews or challenge sessions to take place from January to the end of the municipal year.		
2.4 Consider making improvements in the quality of the recommendations that the HSP produces in its work, to enable clearer measures of success to be drawn from the recommendations and facilitate more effective monitoring and holding to account of Cabinet, Council Officers and health partners	<ul style="list-style-type: none"> - Ensure members have access to experts in the field of chosen review. - Support members in developing SMART recommendations by liaising with other directorates and service areas. 	On-going process	KM AH/KM
2.4 Explore holding agenda planning conversations with health partners at a higher level to try to ensure that agendas can do justice to the 'big issues' in health	<ul style="list-style-type: none"> - New HSP protocols will allow meetings to be more focused. - Explore recommendation 2.4 during the induction process 	On-going June/July 2010	KM
Objective 3: Improving the partnership approach to health scrutiny			
3.1 Explore following the 'less is more' approach to agenda planning in order to add more value by giving fewer but better resourced work items more robust scrutiny	<ul style="list-style-type: none"> - Issues on the agenda and HSP meetings to be addressed in a new protocol, which will include the following guidance: <ul style="list-style-type: none"> - The agenda to have no more than 5 items (not including AOB). - Full reports not to be covered at HSP (only summary presentations) - Presentations to be 12 slides or less - Agenda items to be given maximum of 30 minutes each. 	Protocols to be discussed during the induction process and agreed July 2010	KM
3.2 Explore using the most appropriate method for considering different scrutiny items, in order to use the HSP's time and resources more effectively.	<ul style="list-style-type: none"> - New protocol to include following suggestions: - Pre meetings before HSP (discretion of 	Protocol to be agreed June/July 2010	KM

Recommendation	Activities / Response	Progress Milestones	Lead Officer
	<ul style="list-style-type: none"> - individual committee and Chair) - Separate sessions for key members on emerging issues. - Officer commitment for pre-planning meeting 2-3 days before meeting. - Develop the use of service visits as a way of solving emerging issues. - Individual panel members to be responsible for different pieces of work. 	On-going	
<p>3.3 Ensure the induction programme for new HSP members (including Panel's co-optees) in 2010/11 draws on experience of previous inductions to employ the most cost effective ways of engaging members and enabling them to a) acquire a clear picture of current health issues and strategies; and b) start to develop effective working relationships with key health partner contacts</p>	<ul style="list-style-type: none"> - Develop a comprehensive induction programme, drawing on previous experience setting out clearly the roles of members and the benefits of joint working. - Support the development of the Health Scrutiny Lead through better engagement with the Healthy Partnership Delivery Group. Open invites to both Chairs to all meetings. 	<p>Induction plan delivered end of May/ beginning of June.</p> <p>June 2010, on-going</p>	<p>KM</p> <p>KM</p>
<p>3.4 Ensure the induction process for new councillors includes discussions with Tower Hamlets Local Involvement Network (THINK) and consider ways to share information collected by THINK patients and the public.</p>	<ul style="list-style-type: none"> - Attendance at the THINK steering group sessions to improve partnership working. - THINK to be involved in the induction programme. - Develop a protocol between the HSP and THINK. 	<p>First meeting May 2010</p> <p>June 2010</p> <p>September 2010</p>	<p>KM</p> <p>KM</p> <p>KM</p>
<p>3.5 Strengthen the relationship between health partners and health scrutiny and continue to seek ways to strengthen the relationship between Overview and Scrutiny and the Tower Hamlets Partnership to help deliver the priorities of the Community Plan.</p>	<ul style="list-style-type: none"> - Ensure HSP work programme incorporated key areas identified by the Community Plan. - Explore the possibility of HSP working with other sectors in the borough, i.e. Social Action for Health, Medical Council, and Health Trainers etc. 	<p>On-going process</p> <p>June/July 2010</p>	<p>KM</p> <p>KM/AH</p>

Recommendation	Activities / Response	Progress Milestones	Lead Officer
Objective 4: Mainstreaming health inequalities and health scrutiny work			
4.1 Review how the HSP could do more to develop and use its relationship with the Lead Member for Health and Wellbeing, as a way of firming up the strong leadership and vision needed as one of the 'strategic levers' underpinning the successful tackling of health inequalities.	<ul style="list-style-type: none"> - Ensure standard invitation to HSP for AHWB and CSF. - Introduce two informal meetings annually between scrutiny lead and cabinet member with the aim of more scrutiny taking place member to member. 	<p>On-going</p> <p>June/July</p>	<p>KM</p> <p>KM/AH</p>
4.2 Promote consideration of the health impacts of strategies, policies and services by all council directorates, as a method of mainstreaming health inequalities work.	<ul style="list-style-type: none"> - Regular communication with Tower Hamlets Partnership, AHW and CSF to reduce overlap and promote the work of all directorates. 	<p>On-going</p>	<p>KM</p>
4.3 Request Executive Leads to encourage partnership working with NHS colleagues and others working in the health and social care field not just at the strategic and most senior levels but also lower down the officer structure.	<ul style="list-style-type: none"> - The council already has good working relationships with the NHS throughout the both organisations demonstrated by a number of strategies for improvement and well-being, for example tobacco cessation and healthy eating. 	<p>On - going</p>	<p>KM</p>
4.4 Promote the development of a core group of public health champions in decision-making positions across all functions, through the use of a health training course for senior/third tier managers.	<ul style="list-style-type: none"> - An element of this already exists within Council/partner organisations and key officers. 	<p>N/A</p>	<p>KM</p>

Recommendation	Activities / Response	Progress Milestones	Lead Officer
<p>4.5 Ensure that a health dimension is included in the Overview and Scrutiny Committee's considerations of topics for scrutiny reviews and that its Scrutiny Leads are aware of what is available in terms of evidence sources and witnesses, from inside and outside the Council, to make reviews as soundly based as possible in terms of health impacts.</p>	<ul style="list-style-type: none"> - Overview and Scrutiny already explores relevant health issues when looking at review topics, for example the Choice Based Lettings review considered medical issues. 	<p>On-going</p>	<p>KM</p>
<p>4.6 Ensure that the relevant council directorates, in particular the Adults' Health and Wellbeing and Children, Schools and Families directorates, are as fully engaged as possible in the HSP's work directly and that directorates are made aware of the criteria which the HSP uses to assess whether topics are sufficiently important to be included in the work programme.</p>	<ul style="list-style-type: none"> - Continue working with Policy Officer link in AHW and establish a link with a PO for CSF (see 3.5 and 4.2) - Establish bi-monthly meetings before each HSP with the Service Heads and Policy Officers to pick up any previous issues and agenda items coming up. 	<p>June 2010 July 2010.</p>	<p>KM</p>
<p>4.7 Ensure the new 2010-2014 health scrutiny programme is 'informed joint enterprise' by holding extensive open discussions about its priorities and content, to produce a realistic but challenging programme and increase the likelihood of partners' buy-in and co-operation.</p>	<p>To organise an 'open discussion' section within the induction programme. To ensure input from all partners, including THINK and establish open communication throughout the process to ensure a robust work programme.</p>	<p>June/July 2010 On-going process</p>	<p>KM</p>
<p>4.8 Explore opportunities to increase the HSP's 'critical challenge' function through topic briefings, holding all-party pre-meetings to develop questioning strategies in advance and attending a questioning skills development session.</p>	<ul style="list-style-type: none"> - Explore external training sessions for members around health scrutiny including the development of questioning skills. - Thorough but concise briefings to be produced three days before HSP to allow time for Member queries and any questions prior to the meeting. 	<p>June/July 2010 On-going process</p>	<p>KM KM</p>

Recommendation	Activities / Response	Progress Milestones	Lead Officer
Objective 5: Developing the Health Scrutiny Panel's abilities and Members' community leadership role			
5.1 Consider co-opting a representative from the East London NHS Foundation Trust's Council to bring in particular experiences that might otherwise be lacking on the HSP panel	<ul style="list-style-type: none"> - Contact East London NHS Foundation Trust and invite co-optees to the induction process to develop their role as advisors to the HSP. 	July 2010	KM
5.2 Explore how to develop a wider appreciation of how Members can use their community leadership role and skills as part of the problem-solving in health and social care.	<ul style="list-style-type: none"> - Ensure that the induction process for the HSP is developed with the key focus that the member's Community Leadership Role is exercised in a problem solving capacity to improve services for local residents. 	On-going	AH/KM
5.3 Ensure that the recommendations of the Scrutiny Review Working Group on Strengthening Local Community Leadership are considered in tandem with this report, so that there is a health dimension to this developing work on community leadership.	<ul style="list-style-type: none"> - Consider the Strengthening Local Community Leadership Review in the Induction Programme and share with Members 	June/July 2010	KM
5.4 Ensure that in the HSP's future work programme account is taken of the strong possibility the further pan-London and sub-regional health service changes may require a substantial investment of time and effort participating in Joint Health Overview and Scrutiny Committees	<ul style="list-style-type: none"> - Attend Inner North East London Officer Meetings, Sub Regional and Pan London events to identify any issues at an early stage. - Report back to members on above issues on a regular basis through email bulletins and HSP meetings. 	On-going	KM

Recommendation	Activities / Response	Progress Milestones	Lead Officer
Objective 6: Laying foundations for the next four year health scrutiny programme			
<p>6.1 Continue efforts to engage patients and residents in scrutiny reviews, while considering other means of public engagement, such as co-options, holding some HSP meetings in more geographically accessible locations, increasing dialogue with THINKs membership and increasing the publicity effort for health scrutiny.</p>	<ul style="list-style-type: none"> - Recommendation 6.1 to be considered as part of the induction process. - Scrutiny Policy Officer to be responsible for addressing innovative ways to engage residents through better publicity and the organisation of a possible conference with health partners and key stakeholders. - Liaise with THINK to explore the development of the non-executive stakeholder's role and non-executive director's role at the NHS Foundation Trust. 	<p>June/July 2010-05-04</p> <p>September 2010</p> <p>June 2010</p>	<p>KM</p> <p>KM</p> <p>KM</p>
<p>6.2 Review the relationship with both LAPs and THINK to develop clarity about respective roles vis-à-vis holding health and social care services to account, and to reap the benefits of effective liaison and joint working.</p>	<ul style="list-style-type: none"> - A key recommendation in the recent Scrutiny Review Group's report on Strengthening Community Leadership is to strengthen local area partnerships and the community leadership role as well as the link between Overview and Scrutiny with the LAPS. - Where the HSP is looking at a specific area the LAP chair will be invited to HSP. 	<p>Add to HSP protocol June/July 2010</p> <p>(On – going)</p>	<p>KM</p>
<p>6.3 Consider increasing the scrutiny staffing resources so that there is a dedicated health scrutiny officer, as is common in a number of other authorities of comparable size to Tower Hamlets, to enable the post to assume a more strategic role around workload planning, prioritisation, analysis of information,</p>	<ul style="list-style-type: none"> - To be considered by the Scrutiny Service Head. 		<p>HA</p>

Recommendation	Activities / Response	Progress Milestones	Lead Officer
<p>commissioning of additional research and providing support for HSP members.</p>			
<p>6.4 Explore how to achieve the necessary high degree of continuity in the membership of the HSP over the life of the next four year programme and how to facilitate HSP members' input and engagement with the work for maximum effectiveness.</p>	<ul style="list-style-type: none"> - Scrutiny Team to liaise with Members and advisors to explore the nominations process for HSP. 	<p>On-going</p>	<p>AH</p>