

Health Overview and Scrutiny Framework Effective Scrutiny for Better Outcomes

This framework was originally presented to and discussed by members at the Aging Well Scrutiny Framework workshop on 30 January 2012 and is designed to aid Scrutiny members in deciding and scoping their future work programme. It is based on four principles:

- Issues chosen for Scrutiny should be recognised as being of sufficient importance to the community to warrant expending scarce resources in investigating it.
- There should be a clear understanding by everyone concerned of what is being investigated.
- The investigation should be asking questions that have not been asked before. That is to say the issue has not been replicated elsewhere (even if in a slightly different form). This includes other Overview and Scrutiny committees.
- The outcomes from this investigation will make a real difference to the community.

The framework takes into account Barnet's Ageing Well Strategy, the Centre for Public Scrutiny's work on health and health scrutiny and good practice guidelines for Overview and Scrutiny.

Stage 1: Scoping Your Review

The first point of consideration for considering an item for scrutiny should be whether or not something has already been identified as an issue. Ideally an issue should not be considered unless it is "exceptional".

What constitutes "exceptional"- why are we embarking on this review?

When considering if something is exceptional we should consider the following points:

- Is the issue relevant or important?
- Is it supported by robust evidence and judged against strict principles?
- Exceptionality could be judged on the basis of whether the issue is referenced in past and current strategies, for example, the Joint Strategic Needs Assessment (JSNA) or Health and Well-being Strategy, national and local research and policy data.
- Exceptionality identifies either fault lines in the construction of these strategies and documents which have led to "gaps" in identifying need and risk, or highlights a new issue that has subsequently arisen.

- As members use the Cabinet Forward Plan, the Corporate Plan and the strategies of local health partners' and other sources such as petitions, and Council motions to construct long and short-list for work programmes, the majority of these would not be considered exceptional.

Therefore in identifying exceptionality members should consider:

- Issues that have a high public interest or where there is severe press/public pressure to investigate an issue not identified within the Corporate Strategies and documents (whether this be as a result of an individual's experience or the failure of a whole service). However, the argument for exceptionality still has to be made.
- Is the level of need/risk exceptional compared to datasets elsewhere?
- Are the conditions within the community exceptional compared to a similar community elsewhere?
- When considering a new or existing service would it/does it differ significantly from a comparable service (either within the Council or elsewhere) in terms of outcomes or benefits to the community?

If these questions can be answered positively then you have a case for exceptionality.

Note: Whenever an issue is put forward for consideration, it is expected that members are already aware of the existing evidence which supported the original identification of the issue (for example, ward deprivation indices, morbidity statistics, level of complaints).

Stage 2: Defining your Question

Once the issue has been identified then *the question* needs to be defined. A common failing of previous scrutiny reviews is that the terms of reference are too broad or that the investigation is complex, lengthy and poorly focused. The resulting recommendations frequently lack robustness, are easily misinterpreted and equally easily rejected.

Your proposed question should clearly identify specific *key lines of enquiry* (KLoE).

Example: Complaints about the provision of dementia nursing care at home, in care and in hospital are rising significantly.

Sample question:

How could the patient journey for dementia sufferers be improved?

Are there specific steps that the Council and its health partners need to make to ensure that early stage dementia sufferers and their carers are adequately supported in the borough?

Sample KLoEs

- What support do sufferers and their carers really want?
- Have organisations, agencies, community, voluntary sector considered provision of this in their operations strategy?
- How could the quality of life be improved and what longer-term savings could be made as a result of adequately supporting this target group?

Stage 3: Is the Health Overview and Scrutiny Committee the Best Means of Investigating the Issue?

HOSC is not always the best route when investigating an issue. It may be that other organisations such as LINK (soon to be healthwatch), Citizen's Advice etc are better placed to collate individuals' concerns and bring them to the attention of the relevant organisation. It could be that the issue has already been considered and addressed by the Acute Health Trust for example, or revised guidelines issued to GPs by the BMA.

Your time and resources are limited so focus on questions that have not been asked before either by the Council or its partners. That way you can be sure that you will make a difference.

The flow chart below provides a visual guide for helping you evaluate the appropriateness of issues to be taken forward to Scrutiny.

Stage 4: Start Your Review

By following this process you would have already done a significant amount of the groundwork required for good scoping of your investigation. You will be presenting issues and topics for scrutiny that have not been duplicated elsewhere and help ensure that the council delivers one of the key corporate objectives of delivering better services with less money.

Issue Evaluation Flow Chart

