

14 Using scrutiny to improve health and reduce health inequalities

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The role of overview and scrutiny was introduced in local authorities by the Local Government Act 2000, to complement changes in executive arrangements. An additional role of scrutiny in relation to health was conferred on local government by the Health and Social Care Act 2001.

The scrutiny committees of local authorities undertake a public process of holding decision makers to account; both within local councils and other public services such as the health service. They also review the performance of local authorities themselves, and other public services.

Health scrutiny is seen as a lever to improve the health of local people, ensuring that their needs are considered as an integral part of the delivery and development of health services. It is increasingly mentioned by both local authorities and their NHS partners as one of the important ways that local authorities can respond to the concerns of their residents.

It is a means of enabling councillors to scrutinise how local needs are being addressed, how health services are run and how they can be improved. It also provides an opportunity for local councillors to offer practical solutions or ways forward. Health scrutiny committees are encouraged to build on the community leadership role of local government, to promote the social, environmental and economic well-being of their area.

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Scrutiny committees have the difficult task of attempting to hold to account their local NHS and the health (or sickness) services it commissions and provides, while at the same time holding to account all those local organisations, including their own council, which have an impact on the wider determinants of health.

Despite this enormous remit and despite pressures to spend much of their time reviewing acute health services, many health overview and scrutiny committees have used their powers to tackle health inequalities and to make recommendations to local and national agencies on how their work can be improved. Some examples are given below.

- Hartlepool Borough Council's health scrutiny forum looked at how the authority and partner organisations targeted those families in most need of support.
- With support from the CfPS members from Warwickshire County Council, Coventry City Council and Solihull Metropolitan Borough Council undertook a joint review looking at excess winter deaths and fuel poverty across their sub-region.
- Middlesbrough Council's social care and adult services scrutiny panel carried out an investigation to look at how the council and its partners are working to help people with disabilities into paid and meaningful employment.
- The health overview and scrutiny committee undertook an in-depth scrutiny into childhood obesity in Warwickshire. The review focused on the extent, causes and consequences of childhood obesity and what the NHS and local authorities do to meet the needs of those affected.
- The London Borough of Hackney carried out a review looking at unemployment and its impact on health. It used an innovative interview technique to understand how local services can help to prevent short-term sickness from progressing to long term sickness, and ultimately worklessness.
- Many overview and scrutiny committees have carried out investigations into obesity in their areas and made recommendations to a number of agencies inside and outside the council, both local and national.

Health overview and scrutiny committees have also raised the profile of their councils' health role and advocated for the council to tackle health inequalities through its own services. For example:

- The London Borough of Haringey held an event and produced a report which looked at key health inequalities in the area, and the wider determinants of health, and highlighted the links between all aspects of council work, not just the health care service.

Following each review, the Overview and Scrutiny Committee (OSC) summarises its conclusions and makes

recommendations addressed to whichever organisations are in a position to implement them. It is still early to assess how effective OSCs are in bringing about changes to improve health and reduce health inequalities in their areas, since the social determinants of health have long-term effects. However, there is evidence that at the very least, the agencies to whom scrutiny committees make recommendations feel obliged to show how they are addressing the issues under scrutiny. Many OSCs review the impact of their investigations after some time and are able to point to changes in services or other forms of intervention that have been made in response to their recommendations. In this way, they can give health inequalities a greater profile. By carrying out their work in public they can give a voice to those who often go unheard, and they can highlight non-acute but vital health issues which are sometimes given a low priority because of pressure from acute health services.

The CfPS recognises the potential that scrutiny has in tackling health inequalities. It is leading a programme (funded by the IDeA's Healthy Communities programme) to raise the profile of overview and scrutiny as a tool to promote community well-being and help councils to address health inequalities within their local community.

References and further reading

Further information can be obtained from the Centre for Public Scrutiny at www.cfps.org.uk. The website has a comprehensive searchable library of scrutiny reviews on which all the reviews referred to above can be found.