

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	<b>Meeting:</b>	<b>Health Select Commission</b>
2.	<b>Date:</b>	<b>14th July, 2011</b>
3.	<b>Title:</b>	<b>Centre for Public Scrutiny Development Areas</b>
4.	<b>Directorate:</b>	<b>Policy, Performance and Commissioning</b>

### 5. Summary

The Centre for Public Scrutiny (CfPS) has recently sought interest from local authorities to become Scrutiny Development Areas, which Rotherham has been successful in. Being a Development Area will involve undertaking two key pieces of work in relation to a) the health reform and relationships between scrutiny and the health and wellbeing board and b) a review into health inequalities locally.

### 6. Recommendations

**That the Health Select Commission:**

- **Note that Rotherham Health Scrutiny has been successful in becoming a CfPS Development Area and note what this will involve**
- **Agree to take part in the two pieces of work by attending additional scrutiny meetings where needed and being willing to support the dissemination of findings and showcasing the local work to a wider audience**
- **Consider and discuss how these pieces of work should be undertaken; including developing a project plan and ideas for the Scrutiny Review**

## **7. Proposals and details**

Rotherham has been successful in becoming Scrutiny Development Areas for two projects delivered by the Centre for Public Scrutiny. The two projects are detailed below:

### ***7.1 Development Area 1: Scrutiny and the Health Reforms***

Over the coming months as Health and Well-being Boards and GP Consortia begin to take shape – it will be important for scrutiny to understand its role and relationship with these new partnerships. In order to understand these new relationships in more detail and to ensure that they are inclusive, transparent and accountable, CfPS has secured additional funding to work with a number of scrutiny committees across the country to understand these complexities and help to carve out the best ways that Scrutiny, GPs and Health and Wellbeing boards can work together and support each other.

Following a recruitment process, Rotherham, along with six other areas has been chosen to become a Scrutiny Development Area. Other areas include:

- Cambridgeshire
- Derbyshire
- Leicestershire
- Norfolk
- Sheffield
- Staffordshire

Being a Scrutiny Development Area will involve:

- Receiving support from an Expert Adviser (up to 5 days in total) to develop relationships with the local Health and Wellbeing board and GP Consortium, and representatives of these
- Being at the heart of developing these new accountability arrangements
- Learning from other areas – in action learning meetings
- Showcasing the work undertaken locally to the wider sector

The programme has been funded by the Healthy Communities Team at Local Government Improvement and Development, and will run from July 2011 and conclude with the publication of learning and practice in October 2011.

### ***7.2 Development Area 2: Health Inequalities***

The CfPS has appointed six new Scrutiny Development Areas for the second phase of their health inequalities programme. Rotherham has been successful along with:

- Adur, Worthing and Arun Councils
- Haringey
- Liverpool
- Sheffield
- Tendring

The six areas will help the CfPS to pilot a new impact model of scrutiny - that aims to make scrutiny more outcome focused with clear links to the Marmot objectives and the wider determinants of health with the ability to forecast the impact of their recommendations.

The Scrutiny Development Areas will also be using the learning from the first phase of the health inequalities programme; 'Peeling the onion', which involved ten local authorities working with the CfPS to develop the new impact model.

As a Scrutiny Development Area, Rotherham will be expected to undertake a review of health inequalities (chosen by the Health Select Commission members) with the support of an allocated Expert Advisor from the CfPS (up to 5 days support in total). The project will conclude in December 2011, when Development Areas will be expected to share their findings and showcase the work undertaken locally.

## **8. Finance**

There are no direct financial implications associated with these projects. Support will be provided by the CfPS at no cost – up to 5 days in total for each project.

## **9 Risks and Uncertainties**

Being a Scrutiny Development Area will require additional scrutiny meetings to be arranged, as the current six weekly arrangements will not be adequate for ensuring both projects are completed within the timescales. This may therefore also require additional contributions from the members of the Health Scrutiny Select Commission, which will be arranged as far as possible around existing commitments.

## **10 Policy and Performance Agenda Implications**

The health reform agenda means there will be a need for scrutiny to develop new relationships with key partners, including the Health and Wellbeing Board and GPs. The learning and information gained from being involved in this project will be extremely valuable in ensuring Rotherham effectively responds to the changing environment and that scrutiny is able to add value to the work of the Health and Wellbeing Board.

Piloting a new model for scrutiny reviews into health inequalities is timely, in light of the recent changes to scrutiny locally. It is hoped that taking part in this project will provide Rotherham with an evidence-based model for all future health scrutiny reviews. The outcome of the review undertaken will also be valuable in developing local strategies for tackling health inequalities and in understanding some of the key issues.

## **11 Background Papers and Consultation**

Peeling the Onion – Learning, tips and tools from the Health Inequalities Scrutiny Programme (2011)

## **12 Contact**

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