



Haringey Council

Francis Report

Chapter 6: Patient and Public local involvement and scrutiny

Recommendations and local implications

No.	Recommendation	What can be done locally by the Adults and Health Scrutiny Panel
43	Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.	Systematic monitoring of local papers by support officer, alerting the Panel of any issues reported.
145	There should be a consistent basic structure for local Healthwatch throughout the country, in accordance with the principles set out in Chapter 6: Patient and public local involvement and scrutiny.	An update on Haringey's Healthwatch is due at the Panel on 2 nd April.
146	Local authorities should be required to pass over the centrally provided funds allocated to its Local Healthwatch, whilst requiring the latter to account to it for its stewardship of the money. Transparent respect for the independence of Local Healthwatch should not be allowed to inhibit a responsible local authority – or Healthwatch England as appropriate – intervening.	An update on Haringey's Healthwatch is due at the Panel on 2 nd April.
147	Guidance should be given to promote the coordination and cooperation between Local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.	The NHS Scrutiny Protocol developed in 2005 is due to be rewritten taking into account the new health structure and regulations.



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		The redevelopment should include engagement with all stakeholders. This may be an opportune time to ensure coordination and cooperation are included.
148	The complexities of the health service are such that proper training must be available to the leadership of Local Healthwatch as well as, when the occasion arises, expert advice.	An update on Haringey's Healthwatch is due at the Panel on 2 nd April.
149	Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.	Scrutiny receives support from performance and information management officers when requested.
150	Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work	Locally the Adults and Health Scrutiny Panel could schedule informal visits to local wards and care homes to gain a better understanding and overview of the services. This would provide an opportunity to see how wards/homes are working and speak to patients/residents to inform the work of the Panel.
151	MPs are advised to consider adopting some simple system for identifying trends in the complaints and information they receive from constituents. They should also consider whether individual complaints imply concerns of wider significance than the impact on one individual patient.	Locally the Adults and Health Scrutiny Panel could receive regular complaints data from NHS and Social Care services to identify any trends to inform the work of the Panel.