



House of Commons
Health and Social Care
Committee

Process for independent evaluation of progress on Government commitments

**First Special Report of
Session 2019–21**

*Ordered by the House of Commons
to be printed 21 July 2020*

Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health & Social Care.

Current membership

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Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

Publication

Committee reports are published on the Committee's website at www.parliament.uk/hscocom and in print by Order of the House.

Committee staff

The current staff of the Committee are Dr Charlie Bell (Clinical Fellow), Laura Daniels (Senior Committee Specialist), Matt Case (Committee Specialist), Previn Desai (Second Clerk), Sandy Gill (Committee Assistant), James McQuade (Senior Committee Assistant), Kandirose Payne-Messias (Committee Support Apprentice), Anne Peacock (Senior Media Officer), Gina Degtyareva (Media Officer), and Huw Yardley (Clerk).

Contacts

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Independent evaluation of progress on Government commitments

Introduction

1. Holding Ministers and their departments to account has always been a core function of select committees.¹ In this brief report, we set out a process for a select committee-led independent evaluation of progress on Government commitments in health and social care, designed to develop and enhance that core task of holding the Government to account.

The proposed process

Commissioning the independent evaluation

2. The first step in the process will be to establish an independent panel, comprised of experts. We will commission those experts to evaluate a specific policy area. We will choose a policy area for evaluation based on our knowledge and understanding of the policy context, and our judgement of where such an evaluation could add most value.

3. Initially, we will commission only one evaluation process at a time. We will keep that under review in the light of experience, and in light of the resources which need to be devoted to the evaluation and Committee work arising from it. The first policy area we have chosen is maternity services, and we intend to establish an expert panel to consider Government commitments in that area in the autumn. That first evaluation will act as a pilot, and we will review the process in the light of the experience gained.

Establishing the standards/pledges to judge

4. We will begin the process by inviting the Secretary of State for Health and Social Care, NHS England and Improvement and/or any other relevant Government body to tell us what commitments they have made in the chosen policy area.²

5. From the Government's response to that invitation, and working with reference to other public documents such as the NHS Long Term Plan,³ we will agree a list of commitments in our chosen topic area. The panel will then evaluate progress against these commitments. The list of commitments to be reviewed will not necessarily be exhaustive, but it will be sufficient for the expert panel to reach a judgement about whether the Government is meeting its commitments across the entire topic area.

1 See, for example, First Report of the Liaison Committee, Session 2017–19, [The effectiveness and influence of the select committee system](#) (HC1860), Box 3 (page 30).

2 An example of a reply to such an invitation, relating to Government commitments on child and adolescent mental health services and on maternity services, can be found on our website <https://committees.parliament.uk/publications/533/documents/2025/default/> [accessed 14 July 2020]

3 <https://www.longtermplan.nhs.uk/> [accessed 14 July 2020]

Expert panel

6. The expert panel will have a core membership of three people, plus a further membership of three to six people chosen for their expertise in the particular set of commitments being examined.

7. Members of the expert panel will be appointed as specialist advisers to the Committee. They will not be full-time paid roles. The Committee secretariat will act as the secretariat to the independent panel.

Core membership

8. We have appointed Professor Dame Jane Dacre to chair the expert panel and to serve as one of the three core members. Prof Dacre is Professor of Medical Education at University College London, and a consultant physician and rheumatologist at Whittington Health in London. She is a former Director of UCL Medical School and past medical director of the MRCP(UK) exam, and was President of the Royal College of Physicians between 2014 and 2018. Prof Dacre has been a member of the General Medical Council and has an academic interest in assessment systems. She has a research portfolio which includes the development and evaluation of medical curricula and assessments. Her wide experience in medicine, policy and assessment makes her exceptionally well-qualified to take on this role.⁴

9. We will appoint two further people to join Prof Dacre as the core members of the expert panel:

- one person with experience of representing patient concerns at a high level
- one health and social care policy expert, with wide experience of assessing and analysing Government health and/or social care policy and its implementation.

Those people will be chosen through an open recruitment campaign, which will begin shortly. They will serve for a year in the first instance; their appointments will be renewable.

Additional membership

10. The rest of the membership of the panel considering a particular topic will be decided as best to judge the particular set of commitments being considered, and will include:

- One or two service users
- One or two clinicians
- One or two policy experts/campaigners.

11. Those panel members will be appointed by us in consultation with the core members of the panel, after due consideration of the skills and experience required for the particular topic area subject to evaluation. Their appointment will last for the duration of the specific evaluation they have been appointed to conduct.

4 <https://iris.ucl.ac.uk/iris/browse/profile?upi=JEDAC05> [accessed 15 July 2020]. In addition to those listed above, Prof Dacre has declared interests as President of the Medical Protection Society and as Lead for the Independent Review of Gender Pay Gaps in Medicine commissioned by the Department of Health and Social Care.

Declarations of interest

12. All appointed members of the panel—both the core members and additional members—will be asked to make a declaration of relevant interests, which we will publish.

Principles for the appointment of panel members

13. The following principles will guide our appointment of panel members:

- Individuals of good standing, who are guided by the Seven Principles of Public Life (“the Nolan Principles”)⁵
- Able to provide impartial evaluation, based on data presented, and not pre-existing belief or political affiliations
- Able to speak truth to power, and to respond effectively to challenge
- Prepared to attend face to face and virtual meetings and to review documents as required
- Provide expertise in the area being examined by the panel, as a clinician, service user or policy expert.

14. The panel will be composed so as to ensure, so far as possible amongst a small group, appropriate diversity in terms of gender, disability, ethnic background and other protected characteristics.

Undertaking the evaluation

Questions for evaluation

15. The following questions will provide the framework for the evaluation of each commitment:⁶

- *Was the commitment met overall?* or (in the case of a commitment whose deadline has not yet been reached) *Is the commitment on track to be met?*
- *Was the commitment effectively funded?*
- *Did the commitment achieve a positive impact for patients?*
- *Was it an appropriate commitment?*

Sub-questions

16. Once the commitments have been agreed for work in a particular policy area, the expert panel will consider what “sub-questions” it will need to consider under each of the questions above in order to make an appropriate assessment of the particular commitments it has been asked to evaluate. Those “sub-questions” will be returned to us for our endorsement.

5 <https://www.gov.uk/government/publications/the-7-principles-of-public-life> [accessed 14 July 2020]

6 See also para 24 below, and the Annex.

Method of evaluation

17. The Government will be invited at the start of each evaluation to provide its own evidence of achievement of, or progress towards, the chosen commitments. Analysis and testing of that evidence will be at the centre of the expert panel's work.

18. We will also issue an open call for written submissions specifically addressing the question of the extent to which the chosen commitments have been met.

19. The evaluation framework used by the expert panel for its evaluation will be derived from published methods, including "realist review".⁷

20. The framework will include a "basket" of techniques which may be called upon by the expert panel according to the particular task or subject which they are examining. Those techniques may include—but not be limited to—the following:

- Key word analysis
- Other forms of linguistic analysis of policy documents and/or written submissions to the Committee
- Stakeholder interviews
- Financial analysis, particularly of financial flows in support of chosen commitments
- Analysis of public data, including written submissions to the Committee.

21. In particular, the methodologies used by the National Audit Office (NAO) for its "value for money" work may be used.⁸

22. The panel will seek appropriate input from the NAO and the Care Quality Commission, as the bodies established by Parliament to take an independent view on health and care matters.

23. The independent panel will decide in each case what documents it wishes to consider to inform its evaluation. They might include (but again, not be limited to):

- The Government's memorandum
- Written submissions in answer to the Committee's call
- CCG/Trust/ALB policy documents/reports/Board papers
- Other published data or reports.

Output

24. The panel will produce a report with a rating against each chosen commitment, using the scale used by the CQC (Outstanding/Good/Requires Improvement/Inadequate). It

7 Pawson R, Greenhalgh T, Harvey G, Walshe K. *Realist review—a new method of systematic review designed for complex policy interventions*. *J Health Serv Res Policy*. 2005;10 Suppl 1:21–34. doi:10.1258/1355819054308530. See also HM Treasury, *Magenta Book Annex A: Analytical methods for use within an evaluation*, March 2020.

8 <https://www.nao.org.uk/about-us/our-work/value-for-money-programme/> [accessed 15 July 2020]

will also provide commentary on its judgements. Draft “anchor statements” describing the standard represented by each rating can be found in the Annex to this report.

25. The panel will also make an overall rating, on the same rating scale, of the Government’s progress towards its commitments in the chosen policy area.

26. We will expect to publish the panel’s report.

Follow-up

27. The key to the success of this exercise, in our view, will be following up the panel’s report. Where the panel reaches the judgement that the Government’s performance against its commitments in a particular area is “inadequate” or “requires improvement”, we expect the publication of that judgement to galvanise the Department and its arm’s-length bodies to action to ensure improvement. We will expect to return to the same topic area and repeat the independent evaluation exercise after an appropriate period, to see whether improvements have been made.

Annex: draft “anchor statements”

Rating	Was the commitment met overall/Is the commitment on track to be met?	Was the commitment effectively funded?	Did the commitment achieve a positive impact for patients?	Was it an appropriate commitment?
Outstanding	The commitment was fully met/there is a high degree of confidence that the commitment will be met	The commitment was fully funded with no shortfall	Patients and stakeholders agree that the impact was positive	Evidence confirms appropriateness of the commitment
Good	The commitment was met but there were some minor gaps, or is likely to be met within a short time after the deadline date/ it is likely that the commitment will be met, but some outstanding issues will need to be addressed to ensure that is the case	The commitment was effectively funded, with minor shortfalls	The majority of patients and stakeholders agree that the impact was positive	Evidence suggests the commitment was appropriate overall, with some caveats
Requires improvement	The commitment has not been met and substantive additional steps will need to be taken to ensure that it is met within a reasonable time/ the commitment will only be met if substantive additional steps are taken	The commitment was ineffectively funded	A minority of patients and stakeholders agree that the impact was positive	Evidence suggests the commitment needs to be modified
Inadequate	The commitment has not been met and very significant additional steps will need to be taken to ensure that it is met within a reasonable time/the commitment will only be met if very significant additional steps are taken	Significant funding shortfalls prevented the commitment being met	Most patients and stakeholders did not agree there was a positive impact for patients	Evidence suggests the commitment was not appropriate

Declaration by the Chair

I, Jeremy Hunt, Chair of the Health and Social Care Committee, being a select committee which has the power to report from time to time, having consulted the Committee about the terms of the above Special Report, and being satisfied that the Report represents a decision of the majority of the Committee, make this report to the House as the First Special Report of the Committee, under the terms of the temporary Order of the House of 24 March 2020 (Select Committees (Participation and Reporting) (Temporary Order)).

21 July 2020