Parliamentary Affairs (2022) ***XX****, 1–23*
Advance Access Publication 12 December 2022
https://doi.org/10.1093/pa/gsac025

Enhancing the Scrutiny Role of Select Committees: The House of Commons Health and Social Care Select Committee's New Independent Expert Panel

Stephen Peckham[1,*], Dame Jane Dacre[2], John Appleby[3], Anita Charlesworth[4] and Robert Francis[5]

[1]*Centre for Health Services Studies, University of Kent, Canterbury CT2 7NF, UK*
[2]*Faculty of Medical Sciences, University College London, London WC1E 6BT, UK*
[3]*Nuffield Trust, 59 New Cavendish Street, London W1G 7LP, UK*
[4]*Health Foundation, 8 Salisbury Square, London EC4Y 8AP, UK*
[5]*Serjeants Inn Chambers, 85 Fleet Street London EC4Y 1 AE, UK*

[*]*Correspondence: s.peckham@kent.ac.uk*

We report on a recent innovation for one Departmental Select Committee. While government policy commitments are well publicised, little attention is paid to the quality of commitments made or to assessing progress against those commitments. In 2020, the Health and Social Care Select Committee commissioned an Expert Panel to conduct independent, in-depth evaluations of government progress on selected policy commitments. The first evaluations in 2021/22 assessed commitments in maternity, mental health and cancer services, and workforce and it was the first time a government department has been systematically graded against its own commitments. This is an important new method of scrutiny with the potential to complement and enhance the work of Select Committee inquiries. This paper reviews the development of select committees highlighting issues relating to their operation and, in particular, assessment of evidence. We describe the innovation of the Expert Panel and its role in reviewing policy commitments and discuss implications for parliamentary scrutiny, leadership and improvements to health service.

Keywords: UK Parliament, Select committees, Policy evaluation, Special advisors

1. Introduction

House of Commons Select Committees is a long-established feature of the Legislature in the UK with a role of scrutinising government departmental policies and performance. They exist in both Houses of Parliament (Commons and Lords). They form part of the structure and processes by which the Legislature seeks to hold the Executive (Government) to account. This paper examines developments in select committees, with a focus on the role of House of Commons Departmental Select Committees, and more specifically a recent innovation developed by the Health and Social Care Select Committee (HSCSC) in the House of Commons (HoC).

The role of select committees has developed since the 1960s as government activity has expanded and become more complex. The current committee structure was established in 1979 with a committee mirroring each major government department with some additional select committees such as Environmental Audit, Public Accounts and Procedure. A change was introduced in 2010 following the publication of the Wright Report on the relationship between the Legislature and the Executive. The report recommended that members and chairs of select committees should be elected by secret ballot (Chairs were previously selected by the Whips) and that a Backbench Business Committee should be established to provide clearer independence from the Government. These changes were seen as a positive step and evidence suggests that the activity and importance of select committees have since grown (Dunleavy and Muir, 2013; White, 2015; Midgley, 2019). However, some reviews and studies have questioned the effectiveness of select committees in scrutinising government activity, and the powers and resources available to fully hold ministers to account (Benton and Russell, 2013; Beswick and Elstub, 2019; Geddes, 2021).

In 2020, the HSCSC published proposals to establish an independent expert panel to improve scrutiny of the Government policy. It recommended a novel

> … 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. (HSCSC, 2020, p. 1)

and establishing ' … an independent **panel, comprised of experts**. We... will commission those experts to evaluate a specific policy area' (HSCSC, 2020, p. 1).

In this paper, we discuss this innovation. We review the current framework governing how select committees work, and the challenges identified in previous research studies. We then outline the establishment of the independent expert panel with a brief overview of its structure and functions. Drawing on the early work of the panel, we assess what contribution it has made to the process of policy review within the select committee system.

2. Select Committees

The formal structure of the House of Commons Departmental Select Committee was established in 1979, building on the widening of scrutiny powers during the 1960s and 1970s and the more ad hoc organisational arrangements that had developed over this period (Aylett, 2016, 2019). Calls for reform of the scrutiny of the Executive increased in the 1960s, but it was not until the mid-1970s that the House of Commons reviewed the possibility of select committees linked to the key Government Departments. A proposal for this was made by the Procedure Committee and adopted in 1979. It was part of a wider system of changes to address what Drewry (1985) described as a vague, undefined sense that the state was outpacing the ability of Parliament to hold it to account (Midgley, 2019, p. 781).

The overall HoC's committee system consists of some 36 individual committees as well as some specialised committees such as the Select Committee on Statutory Instruments and European Statutory Instruments. There are 17 shadowing government departments and 9 with a cross-cutting mandate (such as Science and Technology or Women and Equalities). Committees produce over 1000 reports a year and undertake a wide range of other activities. Each committee is supported by a dedicated staff, and they can appoint additional subject specialists and call upon specialised media, social media and engagement staff based in Parliament, as well as having secondments from other areas of government and scrutiny (e.g. National Audit Office [NAO]) support from other offices in Parliament, such as the POST, the Scrutiny Unit, etc. (Midgley, 2019).

Select committees are 'extensions of Parliament', and the departmental committees' role is to examine the expenditure, administration and policy while others cover broader areas of public policy such as public spending. Select committees is a key part of Parliament's function of scrutiny and holding the government to account. Department Select Committee powers are stated in select committee report '… the committee is one of the departmental select committees, the powers of which are set out in the House of Commons Standing Orders (SO), principally SO No. 152'. SO.152 (HoC, 2018) explains that departmental select committees examine the 'expenditure, administration and policy of the principal government departments... and associated public bodies'. The origin of SO.152 was when the Select Committee on Procedure (1978, para 5.7) reported that there was a 'strong desire' for a more effective means of scrutinising 'the expenditure, administration and policy of government departments'. The provisions of SO.152 give select committee's broad powers which can lead to controversy as outlined by Prescott (2019). In the main, these relate to the immunity of select committees to 'make potentially damaging findings about private individuals or firms without risk of legal reprisals' (p. 897). This has been particularly related to inquiries into the

actions of individuals and private companies, but has been less relevant to the HSCSC.

Initially, select committees operated reactively rather than proactively, focusing on reviewing government progress, new policy proposals or investigating alleged government failure (Benton and Russell, 2013, p. 778). Membership was controlled by the Whip's offices potentially keeping away more independent-minded backbenchers with specific interests from certain committees (Maer, 2009). In the 2000s, concern was growing about the imbalance between Parliament and the Executive with the power of the House to hold governments to account waning. Following recommendations from the Constitution Committee in 2005, the Government requested the Law Commission to review proposals for scrutinising legislation post-enactment and implementation. A number of submissions to the Commission's review called for more examination of the practical and administrative impact of legislation highlighting that much government activity uses executive capabilities and administrative discretion to deliver services, make regulations or undertake interventions in particular ways (e.g. Law Commission, 2006). It was suggested that the Legislature's ability to hold the Government to account was being diminished..

In 2009, the House of Commons Reform Committee, chaired by Dr Tony Wright MP, recommended a series of procedural changes, endorsing revisions recommended in earlier reviews but not actioned due to Government resistance, such as the Liaison Committee's 2000 report *Shifting the Balance* (HoC Liaison Committee, 2000). The proposed reforms were aimed at restoring the Commons' authority over its own affairs and improving backbench MP's ability to scrutinise legislation effectively. It recommended curtailing the ability of the party whips to control the membership of committees and introduced elections for committee chairs. There was also an increase in staff which has helped committees to evolve into independent forces for policy scrutiny. In the run-up to the 2010 general election and a more favourable climate in Parliament recovering from the 'expenses scandal', the Commons approved the reforms.

The impact of these reforms was immediate with select committees seen as having increased power and elected committee chairs improving their standing in the House (House of Commons Political and Constitutional Reform Committee, 2013, para 12; Aylett, 2016). The work of the committees was also receiving more attention from the media (Dunleavy, 2013; HoC Political and Constitutional Reform Committee, 2013, para 13). Since 2010, attendance at committee sessions has increased and there was more effective engagement by members who built up expertise in a particular area.

However, concerns remained that the political weighting (by numbers of MPs per party in the HoC) of committee membership gave an advantage to the government, limiting the independence of the scrutiny role and leading to political

bias and point scoring (White, 2015). Most committees' powers include asking for written evidence, asking individuals to attend for oral questioning, producing reports, appointing specialist advisers, meeting away from the HoC and meetings during recess, appointing sub-committees and working jointly with other select committees. Of these, the most important and most used is inviting individuals to appear before the committee to answer questions from committee members and general invitations for individuals and organisations to provide written evidence to the committee on topics being investigated. While the Committee decides who to invite to give oral evidence, the call for written evidence is open to any individual or organisation to make a submission.

However, select committees can 'summon' people to attend, in practice, the usefulness of formal summons has limited value without any powers to compel attendance or 'sanction' except to possibly be held in contempt of Parliament. In most cases, the summons itself is sufficient. Their power has, therefore, been viewed as limited by the lack of clear enforcement powers to compel attendance. Neither can committees compel MPs (with the exception of the Committee on Standards and Privileges), Lords or the Crown (including government ministers) to attend (White, 2015).

It has been suggested that this lack of power has posed a threat to the legitimacy of select committees (White, 2015). More recently, the House of Commons Committee of Privileges reviewed select committee powers concluding they should be legally strengthened (Committee of Privileges, 2021). As yet, the necessary legislation to introduce a new system has not been considered by the HoC.

Select committees do, however, have influence and benefit. They can identify new evidence that improves the government's evidence base for decision-making, for example, about issues, risks or opportunities and provide a new or different analysis of the available evidence. They also facilitate government openness by obliging civil servants and ministers to explain and justify what they have done, identify lessons by reviewing government actions and potentially help improve higher standards in government by improving democratic scrutiny (White, 2015). There is also potential for brokering policy disputes, influencing policy debates and policy priorities (Benton and Russell, 2013). While committee proceedings and presented oral and written evidence have always been published, with committee meetings now available through Parliament TV and transcripts and evidence available online, there is wider public and media scrutiny.

While the government is not forced to adopt any recommendations, Erskine May (para 40.41) states that the Government undertakes to '… respond in writing to the reports of select committees, if possible, within two months of publication'. Responses may appear as Ministerial Statements in Hansard, a direct written response to the select committee or as a command paper. As a follow-up, committees may invite Ministers to provide evidence of progress. Committees may

also take further evidence and produce a further report. Increasingly, government departments take up many of the committee's recommendations. Benton and Russell (2013) found that 40% were accepted between 1997 and 2010, and it has been suggested that their influence is growing—possibly because of increased media interest (Dunleavy and Muir, 2013; Geddes, 2018).

Dunleavy (2018) raises questions about approaches to obtaining evidence with key concerns about quality, accuracy and bias. Committees mostly rely on evidence from 'witnesses' in oral sessions selected by the committee and by reviewing written evidence from relevant or involved bodies and individuals. This has been criticised as open to bias. While there is no selection by the committee of written evidence, as an open call, submissions are self-selected, and some 'voices' may not be included due to the need to be aware of the call for evidence and be able to provide a written submission. The approach has also been challenged by some commentators as 'It produces a lot of claim and counter-claim that committees do not have the staff or expertise to critically or objectively assess – except in a vague, judgement-of-plausibility manner' (Dunleavy, 2018, p. 161). However, committees do actively request information from government departments and academic, regulatory (e.g. CQC) and professional organisations and draw on the NAO expertise and reports but assessment and analysis of often an eclectic raft of submissions is complex and open to bias from the committee.

3. Use of evidence

Over the last decade, there has been a growing awareness of the need to engage a more diverse range of witnesses as well as of utilising social media for both inward and outward engagements. However, more traditional means of taking evidence are favoured raising concerns about the representativeness of those providing evidence (Beswick and Elstub, 2019). Numerous studies have examined the institutional factors that shape interest group access to parliamentary committees concluding that better-resourced groups with economic power (e.g. business groups) play a disproportionate role compared to others (Binderkrantz et al., 2015; Pedersen et al., 2015; Eising and Spohr, 2017). Other research has focused on the social diversity of committee participants, often finding that men dominate legislative arenas (Rumbul, 2016; Bochel and Berthier, 2018; Geddes, 2018). Achieving greater diversity and public engagement requires more resources as well as a culture shift. One example of encouraging more diverse voices was the HSCSC oral session in February 2021 taking evidence from people with lived experiences including individual activists and user organisations and its use of a Citizen's Assembly on adult social care (Involve, 2018; Pow, 2021, https://committees.parliament.uk/event/3666/formal-meeting-oral-evidence-session/). Beswick and Elstub (2019, p. 945) have argued that such mini-publics could diversify the

evidence base and facilitate public scrutiny of the committees and select committees' staff and chairs have become more proactive about soliciting evidence from a more diverse group of people and those who might not normally volunteer evidence.

There has been little academic exploration of how committee members assess the evidence. Rare examples include those by Turnpenny et al. (2012) who investigated how chairs and advisers of the Environmental Audit Committee drew sharp boundaries between preconceived notions of 'science' and 'non-science' and Boswell (2018, pp. 98–120) who found that committee scrutiny focused on transparency and publication of reliable information to validate trust in government. Perhaps importantly, the inviting of written submissions together with oral sessions, is not, even with the support of one or two specialist advisers, really an effective approach to weighing up and assessing what is often complex, scientific, research or empirical evidence. Notwithstanding the criticisms of gathering oral evidence by committees, the LSE Governance group found witnesses are largely positive about the process and that accusations of grandstanding and bias by parliamentarians are exaggerated (LSE GV314 Group, 2020).

In 2020, the HSCC established its independent expert panel (HSCC, 2020). The role of the panel is to extend and enhance the work of the committee by engaging a broader group of experts to gather evidence to be collated and analysed in a more evidenced way than is possible by the select committee itself. The panel is tasked with conducting a 'deep dive' evaluation of areas under investigation by the Committee and to provide evidence-based justification for applying verbal ratings for specifically agreed policy commitments. The Committee recognised the value of such independent assessment by non-politicians using systematic and robust research methods which could help supplement the review processes used by select committees (White, 2015). In particular, the panel is asked to assess the extent to which policy commitments are achievable, measurable, and realistic, as well as assess progress and outcomes. This approach, while built on the same idea of 'specialist advisers' employed by select committees for inquiries, provides a more independent assessment and allows a wider range of experts to contribute. This should provide a more robust and independent degree of scrutiny which addresses some of the current weaknesses.

4. The independent expert panel

The Health and Social Care Committee Chair was aware of a large number of government pledges which had been made over time but had concerns that there was no formal method of evaluation to establish how well these pledges had been implemented. The concept of the Expert Panel was to provide a more formal evaluation of the outcomes of Government pledges, which was interpreted

by a respected panel of experts, to add rigour to the process. The Committee Chair, together with Professor Dame Jane Dacre, and the Committee Secretariat developed a proposal for the establishment and working of the Expert Panel. The evaluation method was designed to complement the working method of the committee, but to bring additional rigour to evaluation, drawn from established and evidence-based qualitative and quantitative analysis. This was presented as a Special Report (2020) and was accepted by the Committee in Spring 2020. The Expert Panel Chair was selected and appointed directly by the Committee. As the Expert Panel was a pathfinder activity, no additional resource was provided, and the Committee secretariat was tasked with reorganising its current work plan. The process for recruiting core panel members followed the normal process for the appointment of Special Advisors to the Committee. The initial concept was that:

> *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.*
> *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* (HSCC, 2020, p. 2).

Members of the Expert Panel are appointed as Special Advisers to carry out work independently of, but for the Committee. The panel and its members do not represent or appear to represent the views of the Committee or its members, or the House of Commons. Appointment of panel members was based on trying to ensure a diversity of membership, able to provide impartial evaluation, speak truth to power, and provide expertise in the area being examined by the panel, as a clinician, service user or policy expert.

An open call for panel members was made calling for applicants with expertise in policy analysis, health and care services, and representing a public voice with expertise in research methodologies and public inquiry. Applicants were short-listed by the committee secretariat and interviewed by the committee clerk and Independent Expert Panel Chair and selected appointees approved by the HSCC. Six core panel members were appointed with expertise in qualitative and quantitative evaluation policy analysis, services reviews and to bring a user/public perspective. For each evaluation undertaken, the core panel is supplemented by Specialist Panel Members to bring the subject expertise of the review topic to the work of the panel. The time period for recruitment of subject specialist members is short so the panel seeks applications through social media channels and by approaching key organisations. The applications are reviewed, short-listed and interviewed by the panel chair and committee clerk. Potential members are then agreed with core panel members after due consideration of the skills and experience required for

the area subject to evaluation. The subject specialists are recommended to the select committee which formally appoints these additional experts for the duration of the specific evaluation.

4.1 How the panel works

The HSCSC's special report (2020) set out a framework to apply a simple-to-understand assessment rating to Government policy commitments. This was based on the rating scale that the Care Quality Commission and OFSTED use in rating health and care organisations and schools. It was important that the panel's work is undertaken independently from the committee's influence (including the committee's inquiries) and vice versa, although the Panel remains accountable to the committee.

The panel uses different sources of written evidence and round table events with a range of stakeholders with their reports approved by the select committee. The Panel—drawing on the knowledge and expertise of the core and specialist panel members—identifies organisations and individuals from whom to request evidence, purposively reaching beyond those engaged with the Select Committee inquiry. However, the panel undertakes its work on behalf of the select committee and relies on the power of the committee in asking for evidence, request attendance to join round table discussions with panel members and produce reports. The Panel is supported by a dedicated Committee clerk and has access to a research fellow from the Parliamentary Office of Science and Technology (POST) to support the Panel's review work. While the remit of the committee's inquiries and subsequent reports are generally broad and wide-ranging the expert panel's report focuses on evaluating progress against a limited number of distinct Government policy commitments assigning a rating agreed by panel members. Both the panel's and committee's reports are published, with key ratings from the expert panel referred to in the committee's own report.

To date, the panel has conducted four evaluations on maternity care, mental health, cancer services, and the health and social care workforce with a fifth on digitisation currently being completed in Autumn 2022. These have been undertaken alongside the committee's inquiries in these areas. The reviews have been undertaken over three or four months from agreement of topic area to publication of their report. The panel has adopted a process that selects a limited number of key policy commitments within each policy or service area. The first step has been to ask the Government for a list of all the Government's policy commitments in the area to be reviewed through a formal request to the Secretary of State for Health and Social Care from the chairs of both the expert panel and the Health and Social Care Committee. Once received the subject specialist panel members,

select those commitments considered to be the most important and relevant (in terms of their predicted impact) to the area under evaluation, and where findings in these areas would reflect the achievement of government pledges overall. The selected policy commitments were shared with the core panel members, and an agreed list of between four and ten policy committees was sent to the select committee for approval (Box 1 lists commitments for the first four reviews). The only input from the HCHSC has been the broad topic area chosen for the select committee's own inquiry, and the acceptance of the independent reports.

Box 1: Commitments agreed for Expert Panel Reviews in 2021/2022

Maternity Services:

1. **Maternity Safety:** By 2025, halve the rate of stillbirths; neonatal deaths; maternal deaths; brain injuries that occur during or soon after birth. Achieve a 20% reduction in these rates by 2020. To reduce the pre-term birth rate from 8% to 6% by 2025.
2. **Continuity of Carer:** The majority of women will benefit from the 'continuity of carer' model by 2021, starting with 20% of women by March 2019. By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.
3. **Personalised Care:** All women to have a Personalised Care and Support Plan by 2021.
4. **Safe Staffing:** Ensuring NHS providers are staffed with the appropriate number and mix of clinical professionals is vital to the delivery of quality care and in keeping patients safe from avoidable harm.
5. The review also specifically examined inequalities in its final report.

Mental Health Services:

1. **Workforce:** We are committed to growing the mental health workforce.
2. **Children and Young People's (CYP) Mental Health:**

- At least 70,000 additional children and young people each year will receive evidence-based treatment.
- Achieve 2020/2021 target of 95% of children and young people with eating disorders accessing treatment within one week for urgent cases and four weeks for routine cases.
- Ensure there is a CYP crisis response that meets the needs of under 18-year olds.

3. **Adult Common Mental Illness:** All areas commission IAPT long-term condition services
4. **Adult Severe Mental Illness:**

- 280,000 people with SMI will receive a full annual health check.
- New integrated community models for adults with a severe mental illness [delivery date is 2023/2024].
- The therapeutic offer from inpatient mental health services will be improved by increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital.
- All areas will provide crisis resolution and home treatment functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission.

Cancer Services:

1. **Workforce:** The Cancer Workforce Plan committed to the expansion of capacity and skills by 2021.
2. **Diagnostics:** A faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from GP or from screening By 2028 the proportion of cancers diagnosed at stages 1 and 2 will rise from around 50% now to 75% of cancer patients.
3. **Living well with and beyond cancer:** By 2021 where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan, and health and well-being information and support
4. **Innovation and technology:** Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies will continue to support improvements in survival rates.

Workforce:

1. **Planning for the workforce:** Commitment: Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.
2. **Building the workforce**

- Help the million and more NHS clinicians and support staff develop the skills they need, and the NHS requires in the decades ahead.
- £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.
- Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years, we want all staff working in the community to have access to mobile digital services, including the patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.

3. **Well-being of the workforce**

- Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.
- Reduce bullying rates in the NHS which are far too high.

One problem that the panel has faced is that policy commitments range from the overtly narrow and specific to ones that are vague and without clear timescales. Policy includes Political Party Manifesto commitments, White Papers, Departmental Papers, and more ad hoc policy announcements and guidance by government ministers.

For each commitment, the expert panel devised a comprehensive list of questions based on four key domains:

1. Has the commitment been met or is the commitment on track to be met?
2. Was the commitment effectively funded?

3. Did the commitment achieve a positive impact?
4. Was it an appropriate commitment?

The panel has used anchor statements designed to standardise the panel's approach to a review and ensure, as far as possible, all members of the panel shared a common understanding about what type of evidence constituted each rating (see Table 1).

For each review, the panel has also developed sets of sub-questions to ensure the specific context and scope of each commitment were appropriately considered. All selected pledges were reviewed by the full expert panel to create a planning grid to include all the areas that the proposed evaluation would cover in its deliberations. For example, in relation to assessing *Has the commitment been met or is the commitment on track to be met?,* the panel members explore issues such as:

- Does the commitment have a clear and fixed deadline for implementation?
- Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these?
- Was appropriate action taken to account for any mitigating factors? Is it being achieved equally for all relevant groups?

These questions have guided the review and framed the methods used for each review or evaluation.

5. Method of evaluation

The panel's approach to reviews has been analogous to a 'Team-Based Reflexivity Model' (Beebe, 2014). The panel members bring their own expertise and disciplinary skills to an evaluation, interpreting evidence collaboratively to reach a shared understanding and assignment of the ratings for commitments. This is essentially a rapid review approach (Moore et al., 2018, p. 1). This approach provides a blend of expert consensus and methodologically strong evidence assessment.

The process was broken down into four stages. The first stage was to define the focus of the review and select a defined, manageable number of key commitments from those identified by DHSC. In order to do this, subgroups of core and specialist panel members were formed around agreed broad evaluation areas which then reviewed the commitments to obtain a potential shortlist for evaluation. The selection of the final list of commitments was primarily led by the subject specialist panel members and then agreed with the other core panel members and signed off by the HSCSC. The second stage was a targeted call for evidence and identification of information sources and key stakeholders (including patients

Table 1. Assessment 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

and public representatives) identified by panel members and the secretariat, to contribute written evidence and to attend focus group discussions. The panel also formally requested information from the DHSC, NHSE&I, and other relevant government or arms-length organisations for data and information on the progress of achieving the selected commitments, including details of funding, resource support, addressing workforce etc. along with any information on how progress was being assessed. Working in our subgroups of two or three panel members, we reviewed the evidence by accessing additional secondary data and evidence (e.g. publicly accessible activity data, statistics and research papers) to supplement submissions and roundtable discussions. The third stage involved collating the evidence which was then reviewed by the secretariat, chair and lead panel members with preliminary ratings assigned for each commitment. The final stage involved the secretariat drafting a final report with sections of the draft reviewed by the relevant lead panel members. The whole panel then met and reviewed all sections and discussed and agreed on the final assignment of ratings providing justification for the allocation of these ratings.

In undertaking the reviews, the expert panel has drawn on wide range of written evidence and views expressed in the round table discussions including:

- Formal response from DHSC to the expert panel's formal requests for information and informal meetings with senior DHSC and NHSE&I policy leads and analysts.
- Written submissions from key stakeholders (including Royal Colleges, charities, professional bodies and experts) invited to address the review questions.
- Written and oral evidence submitted to the relevant HSCSC's Inquiries.
- Relevant peer-reviewed research papers.
- National statistical data from the Office of National Statistics, National Audit Office and other secondary data sources.
- Practitioner views in roundtable events organised to discuss each of the four commitments with service provider and professional group representatives.
- Patient views explored in focus groups with service users. The groups were limited in number and participants were purposively selected and recruited by key voluntary and user groups. We also reviewed evidence published by the Patient Experience Library to allow consideration of a wider more diverse range of views.

Substantial amounts of data and evidence have been collected for each review as detailed in the published reports (see e.g. Dacre et al., 2022). to provide a more rigorous analysis of evidence and views for the selected policy commitments than is possible within the wider committee inquiry. While time frames are short, some 4–5 months, focusing on evaluating key policy commitments and awing on a range of specialist and expert support for reviewing and analysing evidence the

panel has brought a degree of methodological rigour to the process within a consensus framework. Much of the final synthesis and writing has been undertaken by the secretariat. Given the scale of work involved and the amount of data collected, the time and people resource have been minimal.

Written evidence is coded into a framework corresponding to the panel's list of questions and sub-questions and is analysed using a published framework method for health policy research (p. 5). This method has been the most practical and accessible way to incorporate both deductive and inductive thematic analysis, allowing analysis of both the stakeholders' response to the panel's questions, and including any new or emerging themes not included in the original list of questions. The framework method matrix has been repeated in the same way for the analysis of transcripts from focus groups and roundtable events.

Once the evidence had been analysed the panel members met to discuss and review the key findings and deliberate over the application of the CQC-style ratings to the wide range of complex information reviewed. Findings were synthesised through triangulation and reflexive team-based assessment drawing a realist framework to determine what works in what contexts. Final assignment of ratings for each of the main anchor statements (see Table 1) has been reached, therefore, through consensus. It was felt that this provided an appropriate framework by which to feedback on areas of strength as well as areas for development and improvement. The reports were then presented to the HSCSC who approved them and published the full reports alongside their own Inquiry reports. Details of the approach are contained in the published reports (Dacre et al., 2021a, 2021b, 2022).

6. Discussion

The expert panel is still a relatively new innovation. However, reviewing these first four completed reviews provides an opportunity to assess the extent to which some of the challenges about how select committees collect and assess evidence including: addressing political allegiances, biased selection of evidence and questioning, lack of diversity of those giving evidence and limited exploration of data (White, 2015; Geddes, 2018; Beswick and Elstub, 2019). The expert panel was established to complement and extend the work of the select committee by providing a more systematic, in-depth, politically impartial 'expert' approach to data collection, analysis and assessment of a broad range of evidence.

It is clear that the creation of the HSCSC Expert Panel represents a major change to their operation. Overall, select committees have relied on limited independent support through the appointment of one or two specialist advisors to help guide questioning and topic areas, suggest witnesses for oral examination and support the committee secretariats. By contrast, the role of the expert panel has been to provide a way of enhancing the scrutiny function of select committees

by informing inquiries and providing evidence-based judgements on government progress in specific policy areas based on utilising rapid research and review methods.

The expert panel's evaluations are conducted independently from the committee's own inquiry work and provide some additional methodological rigour and research and analysis expertise to the work of the committee. By working in parallel with the committee's own inquiries, the expert panel's work improves the accountability of the committee itself; where findings align, the separate reports of the panel and the committee send a strong message about where changes are needed which together may be difficult or uncomfortable for the Government to ignore. To date, the conclusions of the panel and those of the select committee have been aligned. However, in instances where the findings of the panel might differ, the expert panel could provide an important check and balance for the committee to review and appraise its own processes and methodology.

To date, the panel's reviews have been far more focused than the committee's inquiries although generally on the same areas of policy. The strength of this is the ability of the panel to delve more deeply into key policy areas. However, there is a danger that with only a relatively few policy commitments selected, key areas of assessment are missed. Thus, the selection of the review policy commitments is central to the process. While agreed by the select committee, the review areas are selected by the expert panel based on an assessment that is completely distinct from the committee. Areas for review are agreed by consensus, and removed from the political arena within which select committees operate. The panel selects from a list of policy commitments identified by the Government. Selection is reliant on the expert knowledge of the subject specialists and core panel members who bring their own 'expert perspective' derived from their expertise and experience of the policy areas, policy evaluation and analysis of health and social care, and working with practitioners, the public and third sector groups. This goes some way to addressing the bias and selectivity criticism of select committee inquiries but falls short of detailed policy evaluation. However, providing detailed policy evaluation is not the role of the select committee or the independent panel. The panel's role is simply to assess progress against policy commitments and identify areas where progress has or hasn't been made and to underpin this with some assessment of what may be contributing to policy success or failure when assessed against the impact on patients, users or the public.

In the evaluation of the policy commitments, the panel has adopted a consensus approach to the synthesis of data rooted in rapid review methods and a team-based reflexive approach. While this has methodological limitations when compared to rigorous policy evaluation, it has allowed the panel to evaluate a wide range of complex information in a relatively short period of time when compared to more academic studies which the process is not designed to replace. The panel's

work is clearly informed by panel member's different expertise and their experience of research methodologies common in academia, service review and evaluative practice, adapted to allow a process that is sensitive to understanding policy timescales and to the Inquiry timescales of the select committee. Total panel members have varied between nine and twelve, and clearly while selected for their different subject and methodological expertise, this could lead to the prioritising of specific areas of individual interest. The panel has, therefore, adopted a reflexive way of working questioning its process—that is, who is included/excluded and also assessing the evidence against key criteria such as equality and inclusion, was (or is) the commitment likely to achieve meaningful improvement for service users, healthcare staff and/or the healthcare system as a whole and unintended consequences.

While it has not been possible to exhaustively review all possible sources of information, the panel members have been able to use their specialist knowledge and the powers of the committee to gather evidence and data including from sources in DHSC and NHSE&I which may not always be so readily available to external researchers. The approach also allows purposeful gathering of evidence including gaining access to rich sources of qualitative and quantitative data from key stakeholders, practitioners and users whose views may otherwise have been overlooked. It is likely that the independence of the panel ensured that different views and voices are heard when compared to the inquiry evidence gathering of the select committee. Perhaps also importantly, the panel members utilise a different approach to reviewing and analysing data than select committee members and the committee secretariat drawing on their methodological and analytical expertise.

The fact that the panel works within Parliament under the auspices of the select committee confers a political legitimacy that external reviewers and evaluators of policy do not enjoy. This has been a distinct advantage in evidence gathering but also in the status of the panel's reports. The power to request information by acting under the auspices of the select committee has been a significant advantage. We found that professionals in senior leadership positions within the NHS were keen to contribute and engage at every stage of the process and seemed to value the opportunity to feedback on their own views. Such engagement may have been more forthcoming given the political independence of the panel and an understanding that the role of the panel is, to provide useful insights to support those involved in policy-making and implementation. Consequently, in addition to its role in improving the scrutiny function of select committees, the expert panel may have an important role in facilitating dialogue between policy-makers and those responsible for implementing policy.

Similarly, it has meant that the panel's reports, published by the select committee, have the status of a committee report and this places an expectation

for the report to be responded to by Government. The formal responses to the expert panel's first two evaluations on maternity care and mental health services (Secretary of State for Health and Social Care, 2021, 2022) suggest that the Government recognises and accepts this new method of scrutiny. In response to the Maternity Services Report, the Government stated that it '… was considering the Panel's findings carefully as part of ongoing policy development' (Secretary of State for Health and Social Care, 2021, p. 5). The results of the panel's review of mental health services have been used in developing the government's mental health strategy (Secretary of State for Health and Social Care, 2022).

In areas where progress was evaluated as 'requires improvement' or 'inadequate', the Government has generally agreed with the panel's assessment and provided details about actions taken or due to be taken to address these issues. The fact that the Panel's reports have been addressed in the Government's response further suggests that the contents are valuable to support ongoing policy improvements to maternity and mental health services. Detailed responses were provided against each of the individual commitment rankings indicating an acceptance of the role of the Panel and the equal status of the panel's reports to those of the Select Committee. More interestingly, there has been increasing attention paid to the panel's reports by the HCHSCSC. Following the first two review reports which were published at the same time as the Committee report, subsequent reports have been requested by the committee prior to the publication of their own report suggesting the potential for the panel to influence the Committee's own review report.

The policy areas selected for evaluations have been large and complex. The addition of specialist panel members to guide the core members has been an important way for the expert panel to develop a good understanding of the working culture of the area under review at speed, including key challenges and areas for development. The specialist panel members have been instrumental in sense-checking the wider evaluative process and providing access to professional networks for recruitment to roundtable events. The balance, therefore, of core members and then temporary subject specialists seems valuable.

Another benefit of maintaining a core panel is the ability to draw common lessons and issues across different evaluations. There were clear common issues identified in both reviews relating to lack of specification of the original policy commitments, indicators that don't really reflect the outcome goals of the policy, workforce and funding. However, a key question remains about how these emerging issues can be more broadly addressed beyond each specific individual review. This may be an area where the work of having such the Expert Panel can help select committees develop their roles to scrutinise broader process issues in the development and implementation of policy by government departments.

At present, panel members are only resourced for approximately one day a month, but the work required exceeds this time. The panel is also supported from

within the existing secretariat resource of the select committee with the addition of a research fellow provided by the POST. Further evaluation of the Panel's work processes, and the report outcomes and impact will help to provide data on the efficiency and usefulness of this innovation and inform potential expansion of the model.

One problem faced by the panel has been that government commitments have sometimes lacked precision and specificity which has made evaluation difficult. This was particularly an issue in the review of the workforce (commenced March 2022). One notable concern during the evaluation process has been the variable quality of data used to track trends over time. In some cases, there has been no data to monitor progress, while in others, data collection has been patchy or of poor quality. Lack of clarity about how commitments will be monitored and tracked frequently led to problems with funding, data management planning and prevented a proper understanding of impact. Not surprisingly, the panel identified concerns about adequate implementation arising from a lack of appreciation of the complexity of implementation or the need for supporting implementation—issues extensively identified in the policy literature (Hudson et al., 2019; Compton and t'Hart, 2020; Peckham et al., 2021).

In some ways, the role of the panel seems analogous to that of the NAO and its relationship with PAC and the select committees more generally. However, as Midgley (2019) notes, the NAO's involvement with select committees is limited by its primary role to support the PAC and the fact that it cannot scrutinise government policy.

The panel have been mindful, in developing their final assessments, of the need to balance constructive criticism of the Government with a strength-based evaluation of professionals working in leadership positions in the NHS to motivate and facilitate change. Applying CQC ratings may be seen by some as providing too blunt assessment criteria. The advantage of the ratings is that they have provided an accessible language and are an established system that is already well understood by policy-makers, the media and the public. The ratings also provide a scale for relative improvement or worsening of policy commitments. However, applying such ratings does involve making a judgement which is perhaps more explicit than might be done in more academic evaluations but which, working within the scrutiny process of the select committee, contributes to the scrutiny process of the legislature.

7. Conclusion

The expert panel occupies a unique position in policy scrutiny. It is independent of party politics and the select committee and as a result, it enjoys privileged access to sources of data not available to other independent inquiries or academics. The

legitimacy of the expert panel is derived from the status conferred from its connection with the HSCSC, together with the recognised expertise of the Panel members. This status is instrumental in securing the cooperation of the DHSC and NHSE&I in the process, both in responding to written requests for information and by attendance in meetings. The expert panel method is not intended as a substitute for more detailed policy evaluation such as that for previous health reforms or social care policy (Mays, 2013; Coleman et al., 2021). However, by developing a more systematic, independent approach to evidence gathering and analysis, the expert panel has been able to identify ways to support policy-makers to plan for, and implement, change and identify where implementation support may be required.

The expert panel is the first evaluative body to explicitly focus on the quality and practicality of commitments, as well as on outcomes and, consequently, perhaps can act as a conduit between academic policy research and government policy-making and scrutiny processes. Because of the political legitimacy of the panel and being seen as independent by policy-makers and decision-makers who the panel members engage with, has the potential to help will improve the quality of future commitments made by policy-makers and improving implementation planning and support to help ensure more effective policy-making and implementation. The panel has an important function to support and enhance the work of select committees in holding the Government to account and it is hoped that this pragmatic and evidence-based innovation will promote learning about what makes an effective policy commitment, identify how commitments are most usefully monitored, and ultimately contribute to the improvement of health and social care by identifying common themes emerging from multiple reviews. It provides a potential model to enhance the scrutiny of Government pledges.

Acknowledgements

We thank the Committee clerks, particularly Yohanna Sallberg and Joanna Dodds, for their helpful advice and input on the paper. We also thank our specialist advisers and Parliamentary research fellows for helping the Panel refine its work.

Conflict of Interest

The authors have no conflicts of interest to report.

References

Aylett, P. (2016) 'Thirty Years of Reform: House of Commons Select Committees, 1960-1990', PhD Thesis, University of London, accessed at https://qmro.qmul.ac.uk/xmlui/handle/123456789/18377 on 29 July 2019.

Aylett, P. (2019) 'Reform and consolidation: A new perspective on Commons Select Committees 1960–1980', *Parliamentary Affairs*, **72**, 742–760.

Beebe, J. (2014) *Rapid Qualitative Inquiry: A Field Guide to Team-Based Assessment*. Rowman & Littlefield.

Benton, M. and Russell, M. (2013) 'Assessing the Impact of Parliamentary Oversight Committees: The Select Committees in the British House of Commons', *Parliamentary Affairs*, **66**, 772–797.

Beswick, D. and Elstub, S. (2019) 'Between Diversity, Representation and 'Best Evidence': Rethinking Select Committee Evidence-Gathering Practices', *Parliamentary Affairs*, **72**, 945–964.

Binderkrantz, A. S., Christiansen, P. M. and Pedersen, H. H. (2015) 'Interest Group Access to the Bureaucracy, Parliament, and the Media', *Governance*, **28**, 95–112.

Bochel, H. and Berthier, A. (2018) *Committee Witnesses: Gender and Representation* (No. SB 18–16). Edinburgh: Scottish Parliament Information Centre.

Boswell, C. (2018) *Manufacturing Political Trust: Targets and Performance Management in Public Policy*. Washington, DC.: Cambridge: Cambridge University Press.

Coleman, A., Billings, J., Allen, P., et al. (2021) 'Ambiguity and Conflict in Policy Implementation: The Case of the New Care Models (Vanguard) Programme in England', *Journal of Social Policy*, **50**, 285–304.

Committee of Privileges. (2021). *Select committees and contempts: clarifying and strengthening powers to call for persons, papers and records*. First Report of Session 2019-2021. HC350. London: House of Commons.

Compton, M. E. and t'Hart, P. (2020) 'How to "See" Great Policy Successes'. In t'Hart, P. and Compton M. E. (eds) *Great Policy Successes*. Oxford University Press.

Dacre, J., Francis, R., Appleby, J., Charlesworth, A., Peckham, S., Bhui, K., Dave, A., Fonagy, P. and Turner, K. (2021a) *The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England.* Second Special Report of Session 2021-22 HC612. London: House of Commons.

Dacre, J., Francis, R., Appleby, J., Charlesworth, A., Peckham, S., Augst, C., Kaur, M., Downe, S., Heazell, A., Noble, S. and Regan, L. (2021b) *Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of maternity services in England*. First Special Report of Session 2021–22 HC18. London: House of Commons.

Dacre J., Francis R., Appleby J., et al. (2022) *Expert Panel: Evaluation of the Government's Commitments in the Area of Cancer Services in England*. Report. House of Commons Health and Social Care Committee Reports (HC 1025). London: House of Commons.

Drewry, G. (ed.) (1985) *The New Select Committees: A Study of the 1979 Reforms*. Oxford: Clarendon.

Dunleavy, P. (2013) 'Written Evidence Submitted by Professor Patrick Dunleavy, Co-director of Democratic Audit' in House of Commons Political and Constitutional Reform Committee'. In *Revisiting Rebuilding the House: The Impact of the Wright Reforms: Volume II Written Evidence*. HC 82-II, 2013-14. Ev w31.

Dunleavy, P. and Muir, D. (2013) *Parliament Bounces Back – How Select Committees Have Become a Power in the Land Democratic Audit Blog (18 Jul 2013)*. Democratic Audit Blog (18 Jul 2013). Accessed 19 August 2021.

Dunleavy P. (2018) *How Effective Are the Commons' Two Committee Systems at Scrutinising Government Policy-Making?* Democratic Audit https://www.democraticaudit.com/2018/09/24/audit2018-how-effective-are-the-commons-two-committee-systems-at-scrutinising-government-policy-making/ Accessed 26 July 2021.

Eising, R. and Spohr, F. (2017) 'The More, the Merrier? Interest Groups and Legislative Change in the Public Hearings of the German Parliamentary Committees', *German Politics*, **26**, 314–333.

Geddes, M. (2018) 'Committee Hearings of the UK Parliament: Who Gives Evidence and Does This Matter?', *Parliamentary Affairs*, **71**, 283–304.

Geddes, M. (2021) The Webs of Belief Around 'Evidence' in Select Committees in the UK House of Commons. *Public Admin*, **99**, 40–54.

Health & Social Care Committee. (2020) *Process for Independent Evaluation of Progress on Government Commitments*, Paragraph 1. 5 August 2020, HC 663 [report].

HoC. (2018) *Standing Order No. 152*. London: House of Commons.

House of Commons Liaison Committee. (2000) First Report: *Shifting the Balance: Select Committees and the Executive* (HC 300). London: HMSO.

House of Commons Political and Constitutional Reform Committee. (2013) *Revisiting Rebuilding the House: the Impact of the Wright Reforms*. Third Report of Session 2013-14, HC 82. Accessed via: https://www.publications.parliament.uk/pa/cm201314/cmselect/cmpolcon/82/82.pdf (26 July 2021)

Hudson, B., Hunter, D. J. and Peckham, S. (2019) 'Policy Failure and the Policy-Implementation Gap: Can Policy Support Programmes Help?', *Policy Design and Practice*, **2**, 1–14.

Involve. (2018) *Citizens' Assembly on Social care Recommendations for funding Adult Social Care*. London: Involve/House of Commons.

Law Commission. (2006) *Post-Legislative Scrutiny*. London: Law Commission.

LSE GV314 Group. (2020) 'UK Parliamentary Select Committees: Crowdsourcing for Evidence-Based Policy or Grandstanding?,' *Journal of Legislative Studies*, **26**, 223–247.

Maer L (2009) *The Departmental Select Committee System*. London: House of Commons Library.

Mays, N. (2013) 'Evaluating the Labour Government's English NHS Health System Reforms: The 2008 Darzi Reforms', *Journal of Health Services Research & Policy*, **18**, 1–10.

Midgley H. (2019) 'The National Audit Office and the Select Committee System 1979–2019', *Parliamentary Affairs*, **72**: 779–798

Moore, G., Redman, S., Rudge, S. and Haynes, A. (2018) 'Do Policy-Makers Find Commissioned Rapid Reviews Useful?', *Health Research Policy and Systems*, **16**, 17, doi:10.1186/s12961-018-0293-1.

Peckham, S., Hudson, B., Hunter, D. and Redgate, S. (2021) 'Policy Success: What is the Role of Implementation Support Programmes?', *Social Policy & Administration*, **56**, 378–393. doi:10.1111/spol.12771.

Pedersen, H. H., Halpen, D. and Rasmussen, A. (2015) 'Who Gives Evidence to Parliamentary Committees? A Comparative Investigation of Parliamentary Committees and Their Constituencies', *The Journal of Legislative Studies*, **21**, 408–427.

Pow, J. (2021) 'Mini-Publics and the Wider Public: The Perceived Legitimacy of Randomly Selecting Citizen Representatives', *Representation*, 1–20.

Prescott, C. (2019) 'Select Committees: Understanding and Regulating the Emergence of the 'Topical Inquiry', *Parliamentary Affairs*, **72**, 879–902.

Rumbul, R. (2016) 'Gender Inequality in Democratic Participation: Examining Oral Evidence to the National Assembly for Wales', *Politics*, **36**, 63–78.

Secretary of State for Health and Social Care. (2021) The Government's response to the Health and Social Care Committee's Expert Panel Evaluation. *The Government's progress against its policy commitments in the area of maternity services in England*. CP 514. London: House of Commons.

Secretary of State for Health and Social Care. (2022) The Government's response to the Health and Social Care Committee's Expert Panel Evaluation. *The Government's progress against its policy commitment in the area of mental health services in England*

Select Committee on Procedure. (1978) 'First Report, 17 July 1978, HC 588-I 1997-78, para 5.7'. In *The Departmental Select Committee System*. Research Paper 09/55, House of Commons Library, Jun, p. 6.

Turnpenny, J., Russel, D. and Rayner, T. (2012) 'The Complexity of Evidence for Sustainable Development Policy: Analysing the Boundary Work of the UK Parliamentary Environmental Audit Committee', *Transactions of the Institute of British Geographers*, **38**, 586–598.

White H (2015) *Parliamentary Scrutiny of Government*. London: Institute of Government