

CHESHIRE EAST COUNCIL

Scrutiny Committee

Date of meeting: 3 July 2008
Report of: Governance Lead (East)
Title: Key Issues for Scrutiny in East Cheshire

1.0 Purpose of Report

- 1.1 To provide a framework for the Committee to give initial consideration to the arrangements for Scrutiny in Cheshire East, particularly in view of additional powers introduced by the Local Government and Public Involvement in Health (LGPIH) Act 2007, and the requirements for Health Scrutiny.

2.0 Decision Required

- 2.1 To identify the principles for the development of the Scrutiny function both in the Council and for external bodies, and to commission the work required to provide the necessary framework, in terms of structures, relationship building and Member development.

3.0 Implications for Transition Costs

- 3.1 There are no implications for transitional costs at this stage, apart from the need for support from the Member development budget.

4.0 Background and Information

4.1 Effective Scrutiny

- 4.1.1 The Centre for Public Scrutiny (CfPS) in its Good Scrutiny Guide has identified four principles which characterise effective public scrutiny:-

- providing “critical friend” challenge to Executives, as well as external Authorities and Agencies
- reflecting the voice and concerns of the public and its communities
- taking the lead and owning the scrutiny process on behalf of the public
- making an impact on the delivery of public services

4.2 Scrutiny of What?

4.2.1 Some of the key internal roles for Scrutiny at a strategic level should be:-

- holding the Cabinet to account – eg Forward Plan, call-ins
- contributing to the Authority's Performance Management Framework – eg Budget monitoring, External Inspection Reports
- undertaking Policy Reviews to ensure that corporate priorities are being met
- providing an operational framework for the Councillor Call for Action, Local Petitions etc arising from the LGPIH Act 2007

The new Authority will also want to consider how Scrutiny might operate at a local or neighbourhood level.

4.2.2 Scrutiny is also an important component in developing the Authority's profile in community leadership, principally through

- its statutory role in relation to Health Scrutiny (see Appendix)
- arising from the provisions of the LGPIH Act there is an expectation that Overview and Scrutiny Committees (OSCs) should have a key role in the development of the Local Area Agreement (LAA) and in holding Partner Organisations to account for performance against Local Improvement Targets.

4.2.3 The additional powers introduced by the Act include:-

- the ability of Scrutiny to require information from LAA Partners
- duty on Partners to cooperate in the Scrutiny process
- duty on Partners to have regard to recommendations and reports from Scrutiny when carrying out its responsibilities.

4.2.4 CfPS has suggested that using these extended powers, Scrutiny may now for example be able to:-

- ensure that the LAA governance arrangements are appropriate
- influence the way in which priorities are identified and selected
- contribute to the risk assessment that will form part of the new LAA

The active Scrutiny of Partnerships is also given some prominence. It is also worth noting that the Police and Justice Act 2007 requires an Authority to designate an appropriate Committee to monitor the effectiveness of local Crime and Disorder Reduction Partnerships.

4.2.5 Further Government Guidance is anticipated before the end of July on all these issues.

5. Building the Framework

5.1 As Scrutiny's role is strengthened through legislation and Government guidance, so the level of expectation – both internally and externally – is increased as to its level of activity and the outputs expected of it. (There is little doubt for example that the effectiveness of Scrutiny arrangements will be an important factor within the Comprehensive Area Assessment). The approach needs to be carefully planned, taking into account availability of resources, community expectations and clarity on where Scrutiny can add value. This should lead to the production of the Authority's Annual Scrutiny Work Programme.

5.2 Listed below are some questions which should assist this process:-

- within the Scrutiny Committee, will individual Members be asked to lead on particular areas – eg Health Scrutiny, LAA work, Crime and Disorder Reduction Partnerships, Children and Young People – to develop the necessary underpinning relationships, particularly with Partner Organisations?
- will Task/Finish Groups be established and if so, how will membership be determined?
- will Cooption arrangements apply?
- how will potential work programmes be drawn up – eg Forward Plan, Councillor Call for Action, Local Petitions, Call-Ins, Statutory Consultations, Criteria Check-Lists for individual Policy Reviews; what should be the balance reactive/proactive?
- how will the business for individual meetings be determined – eg Mid Point Meetings, Public Question Time, Witness Sessions (at a time/place convenient for the Witness?)
- what Protocols/Procedure Rules and Constitutional safeguards will be required to ensure that Scrutiny operates as effectively as possible – eg relationship with Executive, Officer involvement, interviewing Witnesses, publication of reports/recommendations, monitoring, Press/Media, CCfA?
- will an ongoing programme of training and development be required for the Members principally involved; and, if so, how is this to be delivered?
- what resources will be available to the Scrutiny function?
- what indicators will Scrutiny adopt to enable it to measure its effectiveness?

6. Conclusion

6.1 The Committee is invited to consider the issues set out in this report, particularly the questions raised in section 5 above. It will also be necessary for the Committee to take into account Government Guidance on the new Scrutiny responsibilities as it becomes available.

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Background Documents:

None

HEALTH SCRUTINY IN EAST CHESHIRE

Background

1. The Health and Social Care Act 2001 (consolidated into the NHS Act 2006) required local authorities with Social Care responsibilities to establish an Overview and Scrutiny Committee that can respond to consultations by NHS bodies about substantial variations and developments to Health Services. The primary aims of Health Scrutiny in this context are to ensure that:-
 - Health Services reflect the views and aspirations of local communities
 - all sections of local communities have equal access to services
 - all sections of local communities have an equal chance of a successful outcome from services.

NHS bodies have specific duties about providing information, attending meetings to answer questions and responding to the OSC's recommendations.

2. The status and profile of, and the expectations placed upon, Health Scrutiny have increased steadily – e.g. the Healthcare Commission's assumption that OSCs will contribute to the Annual Health Check Performance Assessments of individual Trusts; the Local Government and Public Involvement in Health Act's emphasis on the close relationship between the Health OSC and Local Involvement Network (LINKs) and between the Health OSC and PCT's concerning the latter's statutory responsibilities on consultation.
3. More recently, the Government through various documents and guidance including "A Stronger Local Voice", have suggested that Scrutiny can best add value with a focus on Commissioning of Services – particularly Joint Commissioning. The assumption has been therefore that Health Scrutiny machinery should embrace both Health and Adult Social Care Services. Under such arrangements, statutory obligations have been placed upon such Committees by the Commission for Social Care Inspection to monitor performance regularly on Adult Social Care.

The Position in East Cheshire

4. The NHS Trusts with which Overview and Scrutiny has regular contact and dealings in East Cheshire are:-

Central and Eastern Cheshire PCT
East Cheshire Hospital Trust
Mid Cheshire Hospitals Trust

Cheshire and Wirral Partnership Foundation Trust*

(* Scrutiny of this Trust's activities is currently undertaken by means of a Joint Committee with the Metropolitan Borough of Wirral)
and
North West Ambulance Service

5. Cheshire patients access Tertiary Health Care Services outside of the County – eg Christie Hospital. These and other Specialised Services (including Ambulance Services) provided on a regional or sub-regional basis require liaison with OSCs within Greater Manchester, and sometimes further afield.
6. As mentioned earlier, there is an expectation that the OSC will develop close working relations with the LINK. Councils with Social Service responsibilities had a duty to establish a LINK to replace the Patient and Public Involvement Forums from April 2008 (OSCs have been expected to monitor progress on this). The LINK is a network of local people and organisations which is funded by Government and supported by an independent organisation. It holds commissioners and providers of Health and Social Care to account so as to give everyone the chance to say what they think about local Health and Social Care Services. LINKs have a range of powers including making reports and recommendations, asking for information, going into some types of Health and Social Care premises and referring issues to the Overview and Scrutiny Committee and getting a response. The initial contract for the host organisation in Cheshire has been awarded for the next three years to The Carers Foundation. Establishing an effective working relationship with LINK in East Cheshire has to be a firm priority for the OSC.
7. Health OSCs are also expected to undertake Scrutiny Reviews of, and to report on, Health and Social Care matters of concern to the local population. Such reviews have been undertaken in Cheshire on Diabetes, Obesity, Access to Fertility Services, Access to Dental Services in East Cheshire, Making It Better Consultation on Neo Natal and Maternity Services in Greater Manchester, East Cheshire and High Peak, Future Healthcare Project in East Cheshire, Community Support Centres.

Current Issues

8. In addition to what is set out above, a number of other ongoing issues have been identified locally as priority areas for Health (and Adult Social Care) Scrutiny:-

Joint Commissioning/Joint Strategic Needs Assessments
Mental Health Resourcing
Ambulance Services

Public Health (eg Director's Annual Report, Sexual Health,
Alcohol Services, Fluoridation etc)
Healthcare Services in a Community Setting
Social Care Redesign
Stroke Services