

CHESHIRE EAST

SCRUTINY COMMITTEE

Date of meeting: 7 August 2008
Report of: Governance Lead Officer
Title: Proposals for a Health and Adult Social Care Scrutiny Committee for East Cheshire

1.0 Purpose of Report

- 1.1 To consider in detail the arrangements for constituting a Health and Adult Social Care Scrutiny Committee for East Cheshire, and in particular the draft Terms of Reference for the Committee.

2.0 Decision Required

- 2.1 That the Committee:

- 1) reaffirm its earlier recommendation that a separate Health and Adult Social Care Scrutiny Committee be established within the Council's Political Structure with terms of reference as set out in the Appendix
- 2) recommend that the proposed Committee consist of 14 Members but that no action be taken as regards Cooption for the time being
- 3) support the principle of continuing Joint Scrutiny arrangements of the Cheshire and Wirral Partnership NHS Trust and authorise further discussions with the Authorities concerned with a view to bringing forward more detailed proposals
- 4) refer these proposals to the Governance and Constitution Committee for consideration of the constitutional aspects and the provision of advice to Council.

3.0 Financial Implications for Transition Costs

- 3.1 There are no implications for transition costs, except the funding of appropriate Member development in view of the new roles and responsibilities involved.

4.0 Financial Implications 2009/10 and beyond

- 4.1 To be considered as part of the overall support to be provided to the Scrutiny function.

5.0 Information

- 5.1 The Committee at its last meeting considered a paper on Key Issues for Scrutiny which inter alia reminded Members that, as from 1 April, the East Cheshire Council, as a Social Services Authority, would have a statutory responsibility to have machinery in place to respond to consultations by NHS bodies about “substantial variations and developments” to Health Services locally. Taking into account of the anticipated workload, the Committee agreed unanimously to recommend the establishment of a separate Scrutiny Committee to exercise this function. This paper makes proposals for how such a Committee might operate to enable Members to make firm recommendations to the Council.
- 5.2 Draft Terms of Reference for the proposed Committee are attached in the Appendix. Members will note that the Terms of Reference include scrutiny of the Authority’s own Social Care Services. This is in acknowledgement of the Government’s expectations for the integration of Commissioning between Health and Social Care, and that Health Scrutiny Committees can best add value with a focus on that Commissioning.
- 5.3 Members will appreciate that Health (and indeed Social) Care is increasingly regulated and inspected. In order to be clear where Scrutiny can add value, it is important for the OSC to have a good understanding of how the NHS works and the key policies and drivers. Time therefore should be set aside regularly for building and maintaining relationships with key partners to enable the Committee to be a “critical friend” and help achieve the desirable outcomes for the health of the local population. Similar considerations apply to the relationship with the Local Involvement Network (LiNK). Experience suggests that early work in drawing up agreed Protocols will assist this.
- 5.4 The Terms of Reference allude to the scrutiny of Health issues which span PCT or local authority boundaries, sometimes on a sub-regional or regional basis – eg Ambulance Services, Cancer Networks, Specialised Commissioning. The activities of the Cheshire and Wirral Partnership Foundation Trust – the provider of mental health, learning disability, and drug and alcohol services – is a prime example. A Joint Committee currently exists with Wirral MBC to scrutinise the delivery of those services and which has been influential in sustaining the profile of mental health issues.
- 5.5 Although Government Guidance stipulates that Health Trusts must bring significant proposals for change to Scrutiny, there is no similar requirement that major changes within Social Care be brought to Scrutiny. Nevertheless it would be good practice for the Scrutiny Committee to act as even-handedly as possible, and therefore to use

internal mechanisms such as the Forward Plan, Call-In etc to achieve this.

Membership of Committee

5.6 On the assumption that a Health and Adult Social Care Scrutiny Committee would be a separate Committee within the Authority's formal structure, a Committee of 14 would be appropriate. Consideration would need to be given to:-

- extent of cross representation with the membership of the Council's main Scrutiny Committee,
- representation on any external Joint Health Scrutiny Committee to be drawn from the H&ASC Scrutiny Committee.

5.7 Also important will be the issue of Cooption. There is no requirement in this respect. Experience suggests that limited cooption of non-voting sector representatives can bring a useful perspective to the Committee's deliberations. However, not all Health Scrutiny Committees operate Cooption arrangements and some restrict Cooption to Task and Finish Panels. There may be advantages in leaving this issue "on the table" for the time being.

6.0 Conclusion

6.1 The Committee is asked to give further consideration to the proposed arrangements for the scrutiny of Health and Adult Social Care, including the constitution of a Committee for this purpose. The Committee's recommendations will need to be referred to the Governance and Constitution Committee for advice prior to adoption by the full Council.

For further information:

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Background Documents:

Documents are available for inspection at:

*Cheshire East Shadow Council Support Office
Congleton Borough Council
Westfield
Middlewich Road
Sandbach*

Draft

**EAST CHESHIRE COUNCIL
HEALTH AND ADULT SOCIAL CARE SCRUTINY SELECT COMMITTEE**

The Health and Adult Social Care Scrutiny Committee will:

1. fulfil the Health Scrutiny duties falling on the Authority by virtue of the Health and Social Care Act 2001 (consolidated into the NHS Act 2006) and subsequent relevant legislation and Government Guidance;
2. liaise with NHS Trusts on any matter relating to the planning, provision and operation of Health services in East Cheshire, including commenting on the annual “health check” of the performance of those Trusts;
3. respond to any formal consultations undertaken by relevant NHS Trusts on any substantial development or variation in service;
4. participate with other relevant local authorities in joint scrutiny arrangements of NHS Trusts providing cross-border services to East Cheshire residents, in particular the Cheshire and Wirral Partnership Foundation Trust;
5. prepare an annual Work Programme and commission scrutiny reviews to ensure that all sections of East Cheshire’s local communities have equal access to Health services and have an equal chance of a successful outcome from those services;
6. liaise with the Local Involvement Network (LiNK) for East Cheshire, commissioning work and receiving reports and recommendations as appropriate;
7. deal with any matter referred by the Department of Health, the Local Involvement Network or by the Council;
8. offer advice to the Cabinet on Key Decisions relating to the operation of the Council’s Adult Social Care functions;
9. receive reports from the Council’s external inspectors on its Adult Social Care responsibilities and to offer advice thereon to the Cabinet;
10. keep under review the Council’s performance management arrangements in relation to its Adult Social Care responsibilities and offer advice as appropriate;

11. deal with any Health or Adult Social Care matter which is the subject of a Call-In, a Councillor Call for Action or Local Petition;
12. provide a regular programme of training and development for all Members and Co-opted Members involved in the work of the Committee;