

CHESHIRE EAST COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of meeting: 16 December 2008
Report of: Governance Lead Officer
Title: Scrutiny of Health and Adult Social Care

1.0 Purpose of Report

- 1.1 To brief the Committee on its responsibilities on Scrutiny of Health and Scrutiny of Adult Social Care and identify areas for further work.

2.0 Decision Required

- 2.1 To consider whether more detailed proposals for Induction, Joint Scrutiny arrangements, Cooption and the Work Programme should be brought to the next meeting.

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. This paper gives a brief synopsis of the Committee's responsibilities on Scrutiny of Health and Scrutiny of Adult Social Care (to be explored in detail during Induction) and raises a number of questions on which further work will be required.

5.2 Statutory Position

- 5.3 The primary aims of Health Scrutiny 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.

The Health and Social Care Act 2001 (consolidated into the NHS Act 2006) required local authorities with Social Care responsibilities to establish Scrutiny arrangements to respond to consultations by NHS bodies about substantial variations and developments to Health Services. A “substantial variation or development ” is not defined in Regulations. Proposals may range from changes that affect a small group of people within a small geographical area, to major reconfigurations of specialist services involving large numbers of patients across a wide area. The key feature is that there is a major change to services experienced by patients and future patients. Overview and Scrutiny Committees (OSCs) and NHS bodies are encouraged to develop local agreements or sets of criteria about what might be regarded as “substantial” locally.

- 5.4 NHS bodies have specific duties about providing information to the OSC on individual proposals for change and in attending meetings to answer questions, so as to enable the Committee to respond to the consulting organisation in writing on the following points:-
- (1) whether as a statutory body, the OSC has been properly consulted within the consultation process
 - (2) whether, in developing the proposals for service change, account has been taken of the public interest through appropriate patient and public involvement and consultation
 - (3) whether the proposals for change are in the interest of the local Health Service.

The NHS body is expected to report the OSC’s views to its Board before any action is taken, and thereafter to respond formally to the Committee. If the Committee remains dissatisfied over process, it can refer the matter to the Secretary of State and the Independent Reconfiguration Panel.

- 5.5 The status, profile and expectations placed upon Health Scrutiny in recent years 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 PCTs concerning the latter’s statutory responsibilities on consultation.

- 5.6 More recently, the Government through various documents and guidance including “A Stronger Local Voice”, 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 not only Health but also Adult Social Care Services – ie Services for Older People, Services for Adults with Learning Disabilities, Physical Disabilities and Mental Health Needs etc. Under such arrangements, statutory obligations are placed on the Committee to monitor performance on Adult Social Care, including the receipt of Inspection Reports and Annual Reports on Complaints. It should be noted that on 1 April next, the Care Quality Commission will become responsible for the quality of Health & Social Care – currently exercised by the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission.
- 5.7 There has also been a growing recognition that Health Scrutiny is uniquely placed to take a thematic, cross-sector perspective on health and health related services involving not only the NHS, but also local government and other public services. In Cheshire for example significant reviews have been undertaken on Diabetes and on Obesity. Elsewhere, reviews have included Support for Carers, End of Life Care, Tobacco Control. The anticipated Government Guidance on Scrutiny Involvement in Monitoring the LAA is expected to put an even sharper focus on this area of work.

Working with Partners

- 5.8 The NHS Trusts with which this Committee will have regular contact and dealings are:-

Central and Eastern Cheshire Primary Care Trust (PCT)
East Cheshire Hospital NHS Trust
Mid Cheshire Hospitals NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust*
North West Ambulance Service

(*Scrutiny of this Trust’s activities is currently undertaken by means of a Joint Committee with the Metropolitan Borough of Wirral)

- 5.9 NHS patients in Cheshire East also regularly access secondary or tertiary services outside of the County – e.g. Christie Hospital, Wythenshaw Hospital, Stepping Hill etc. These and other Specialised Services provided on a larger regional or sub-regional “foot-print” will require the Committee to liaise with OSCs within Greater Manchester, and sometimes further afield.

- 5.10 There is an expectation that the OSC will develop a close working relationship 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 (and 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. They can also refer issues to the OSC and expect a response. The initial contract for the host organisation in Cheshire has been awarded for the next three years to The Carers Foundation. The focus since last April has been on putting arrangements in place to establish a separate LINK in Cheshire East and in Cheshire West and Chester. An Interim Board has been overseeing the process, including elections to the Cheshire East LINK Board.

Induction Programme

- 5.11 The Committee has embarked on its Induction with an initial focus on Central and Eastern Cheshire PCT and on Adult Social Care in Cheshire East. There are of course other Partner organisations from whom Members will wish to hear – e.g. the two Acute Trusts, the LINK, North West Ambulance Service etc. The Committee will need to settle its programme of Induction to enable it “to hit the ground running” – certainly as regards its statutory responsibilities - from 1 April.

Mental Health

- 5.12 The Council’s main Scrutiny Committee has previously resolved to “support the principle of continuing Joint Scrutiny arrangements of the Cheshire and Wirral Partnership NHS Trust” and authorised further discussions with the Authorities concerned (Cheshire West & Chester, Wirral MBC) with a view to bringing forward more detailed proposals. The latest position will be reported orally at the meeting.

Cooption

- 5.13 The County Council has had non-voting representatives coopted onto its Health and Adult Social Care Scrutiny Select Committee from Age Concern, Cheshire Disabilities Federation, Cheshire Association of Local Councils and Communities of Cheshire Local Strategic Partnership. This Committee will need to consider whether it, too, wishes to permanently coopt individuals from specialist backgrounds/experience onto the Committee

Work Programme

- 5.14 It is generally acknowledged that the Committee's workload will need careful management. Tools which can be deployed include – Mid Point Meetings (ie between Committee Meetings) to enable the Chairman and Vice Chairman to meet with Health and Social Care colleagues to identify and prioritise well in advance the anticipated business for the Committee; a criteria checklist for identifying those substantial developments and variations in service to be brought to the Committee; use of Task/Finish Panels etc.

Conclusion

- 5.15 Subject to any views Members may have, it is proposed that more detailed proposals for Induction, Joint Scrutiny arrangements, Cooption, Work Programme be brought to the next meeting.

For further information:

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