

## **REPORT TO: Health and Adult Social Care Scrutiny Committee**

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	20 May 2010
<b>Date of Meeting:</b>	
<b>Report of:</b>	Cheshire East Borough Solicitor
<b>Subject/Title:</b>	Cheshire East and Central and Eastern Cheshire Primary Care Trust - Protocol.

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### **1.0 Report Summary**

- 1.1 This report sets a draft protocol to formalise arrangements between the Health and Adult Social Care Committee and Cheshire East and Central and Eastern Cheshire Primary Care Trust

### **2.0 Recommendations**

- 2.1. That the Committee consider and determine whether any arrangements for co – option should apply for the forthcoming year
- 2.2 That the attached Protocol setting out the working relationships between the Committee and Central and Eastern Cheshire Primary Care Trust be approved.

### **3.0 Reasons for Recommendations**

- 3.1 To clarify roles on the committee and improve governance arrangements.

### **4.0 Wards Affected**

- 4.1 All

### **5.0 Local Ward Members**

- 5.1 All

### **6.0 Policy Implications including - Climate change - Health**

- 6.1 None

### **7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)**

7.1 None

**8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)**

8.1 Not known at this stage.

**9.0 Legal Implications (Authorised by the Borough Solicitor)**

9.1 None

**10.0 Risk Management**

10.1 None identified

**11.0 Background and Options**

**11 Co – Option**

Under the Council's Constitution, Scrutiny Committees may appoint non voting co – opted Members for a specific period of time, or with regard to specific issues under consideration. Any person appointed under these arrangements will be entitled to participate fully in the work of the Committee concerned.

This Committee on 20 January 2009 considered a report on co-option which sought views on whether to progress co-option further. In considering the issue Members were advised that there were a number of points to take into account:

- Liaison with other organisations could be achieved without having permanent co-option including involving organisations in Task and

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Panels that were looking at a specific issue;

- It was important to have “balance” on the Committee;
- If the Committee was to pursue co-option it would need to consider from which sectors to seek representation together with the term of office to be applied and whether to have substitution arrangements;
- How to handle potential conflicts of interest.

The predecessor County Council Committee did have a scheme of co – option which involved one representative each from Cheshire Association of Local Councils; Cheshire Carers; Age Concern; Cheshire Disabilities Federation; and Citizens Advice Bureau (Vale Royal). It is not known at this stage whether any of these bodies would be interested in taking up a co – opted place on the Committee.

Since then, Members have encouraged the development of working relationships in particular with Cheshire East LINK, given the complementary responsibilities which that body and the Committee have for the review of health and adult social care activities in the area.

The Committee in January 2009 resolved that -

- (a) no action be taken on permanent co-option to the Committee for the time being; and
- (b) further consideration be given to this matter in approximately twelve months time.

Accordingly Members are invited to consider further whether to make any co – opted Member appointments (non – voting) to the Committee for the year, and if so, the basis on which these arrangements should be made.

## 12. **Protocol**

Given the statutory responsibilities placed upon Health Overview and Scrutiny Committees for scrutiny of the NHS, many Committees have found it helpful to adopt a Protocol with Health partners governing the working arrangements between them. The main point of contact for this activity in Cheshire East is the CECPT as the commissioner of health services for the area. Accordingly the attached document has been produced, which sets out the respective roles and responsibilities, and how the relationship between the Committee and the PCT should work in practice. The draft has been considered and welcomed by the Midpoint meeting, and a similar Protocol has already been agreed between the Cheshire and Wirral Councils Joint Scrutiny Committee and the Mental Health Partnership NHS Foundation Trust.

In particular, the Protocol sets out guidance for identifying and responding to Substantial Developments or Variations in Services (SDV's) proposed by the NHS. If a proposal is considered to be an SDV, statutory obligations on public consultation arise for the NHS and for this Committee to consider and respond to the proposed changes. It is therefore an important aid towards ensuring that SDV's (and proposals with a lesser but still significant impact) are dealt with properly.

The Protocol reflects the current legal framework for the conduct of Health scrutiny, and conforms to the previously issued National Guidance for this work. Some time ago the Department of Health promised to publish an updated version of the national document but this is still awaited. When the new National Guidance is available, the Protocol will have to be further reviewed to ensure it continues to comply with the Department of Health requirements.

If approved by the Committee, the Protocol will need to be formally agreed by the CECPCT.