

**Health Scrutiny Arrangements – Area Level Review**

**Purpose**

1. To inform the Committee of the outcome the review of arrangements for the delivery of health scrutiny across the County and to ask members to decide on a way forward.

**Background**

2. The former Health Scrutiny Development Sub-Committee approved a report last September for consultation on the constitutional arrangements for implementing health scrutiny in the County.
3. The outcome of that consultation was included in a final report to County Council on 11 November last year. In respect of the area level arrangements the report included the following paragraphs:

“The existing area panels were established in partnership with the district councils and have to date been operating, in theory, as advisory bodies. The way forward now that the power has been enacted would be to establish the area panels as formal standing joint committees of the respective authorities. This is an option given in the guidance and would provide for significant autonomy at the area level working to the reporting lines already established.

A number of issues have arisen as a result of consulting on the proposals. These include the extent of the delegation of powers to the area level joint committees, reporting lines between the County level committee and the area joint committees, political proportionality and the extent of the County Council’s involvement at the area level. As a consequence, it will now require further discussion on these area level issues before the full extent of the formal arrangements can be put in place. This is probably best done through discussion at the next County committee meeting when all of the district councils and health partners will be represented.”

4. In response to the report County Council resolved (in part) as follows:
  - (1) *To acknowledge the work done by all partners in developing the pilot arrangements in the County.*
  - (2) *To establish a County Health Overview and Scrutiny Committee with the membership and terms of reference set out in appendix 2 of the report.*
  - (3) *To note the issues raised following consultation and that further discussion would be held on the detail of the formal arrangements at the area level prior to implementation including lead responsibilities; and to endorse the stance taken by the County Council in respect of the power of referral to the Secretary of State.*
  - (4) *In the meantime, to note that the current area level pilot arrangements would continue.*
  - (5) *To undertake a review of the arrangements after a year of operation in consultation with the other agencies involved.*

### **Recent Experiences**

5. The then Chairman of the Committee worked hard at moving forward with developing the area arrangements and encouraging the panels to operate as autonomously as possible within the overall framework. However a number of issues hindered the full implementation of this original plan.
6. The lack of clarity around topic selection, the need for endorsement of panel decisions by the County Committee (and consequently the potential for duplication), the duty and capacity of the PCTs to respond to requests, the division of officer support between the county and area level, and the scrutiny of social care issues were all raised at various times as potential stumbling blocks. The Health Scrutiny Officer has had an ongoing dialogue with her colleagues in the PCTs and districts on these, and other associated matters, in an attempt to overcome the difficulties. This culminated in a full and frank discussion at an officer level meeting on 4 June.
7. In the meantime, the County Council at its Annual meeting on 18 May increased the number of County members appointed to the Committee from 4 to 9. This was in recognition of its statutory responsibilities for health scrutiny, to accommodate the number of members expressing an interest in Health and to provide enough members for the various activities undertaken. A new Chairman and Vice-Chairman were also elected at the same time.

8. Aware of the difficulties outlined in paragraph 6 above and the outcome of the officer meeting, the new Chairman called for a member action and development day in order to review the existing arrangements (as required by Council – see para. 4(5) above) and discuss options for the future. This was held on 28 July at Urchfont Manor and was independently facilitated. The following key issues arose
- (i) *A work programme will be developed using the “substantial variation” document in the screening of NHS generated issues.*
  - (ii) *Other issues and work requests put before the Health Overview & Scrutiny Committee will be required to meet key criteria, which would assist in prioritisation of topics (See Appendix C).*
  - (iii) *The District Area Level Panels will be replaced by a Task Group system allowing for time-limited, detailed scrutiny of key issues of local concern. These will be supported and run by District Council Members and Officers.*
  - (iv) *The County Health Overview & Scrutiny Committee will operate as a ‘management committee’ for monitoring issues and Task Group activity.*

## **Conclusion**

9. The views expressed at the action and development day clearly indicates that it is time to move away from the pilot arrangements and settle on a revised system of overview and scrutiny that has the support of all stakeholders.
10. The system that emerged from the review carrying unanimous support was one of a single County Committee focusing on cross-boundary, strategic and county-wide issues (including substantial variation service changes, integrated health and social care and public health) with the ability to set up time-limited single topic task groups to scrutinise local matters. The following documents are attached in support of this proposal:

- (i) **Appendix A** – Feedback Report from Health Scrutiny Development Day
  - (ii) **Appendix B** – Membership and Terms of Reference of the County Committee
  - (v) **Appendix C** – Categorisation & Criteria for Prioritisation of Health Scrutiny Topics
  - (vi) **Appendix D** – Member Request Form
  - (iii) **Appendix E** – Task Group Protocol
10. Subject to agreement by this Committee, Terms of Reference of the Committee will be updated at the November full Council meeting to reflect the proposals in this paper.
11. It is hoped that this report accurately reflects the views and aspirations of members from the action and development day. Its successful implementation will crucially depend on the willingness of all stakeholders to actively participate with an open and positive attitude.

### **Environmental Impact of the Proposals**

12. None known

### **Risk Assessment**

13. The primary risks to which the County Council is exposed are that our partners are not prepared to participate in the revised arrangements and that external inspection (CPA, Audit Commission, ODPM etc.) finds that the statutory power of health scrutiny is not being effectively used for the benefit of the local health community and residents in Wiltshire.

### **Financial Implications**

15. There are no additional financial implications as a result of the proposals in this report. The intention is to make more effective use of the existing resources.

### **Reasons for the Proposal and Other Options Considered**

16. Full Council last November called for a review of the arrangements adopted for health overview and scrutiny after a year of operation. It was

also clear from comments from stakeholders at various times throughout the year that difficulties existed in the current arrangements. The other options could have been to carry on with the pilot area panel arrangements for a further period or turn these into formal joint committees. Neither of these options were considered desirable by members at the action and development day on 28 July.

### **Recommendations**

17. To note the feedback report on the Development Day on 28 July (Appendix A) and to endorse the key issues highlighted in paragraph of 8 of my report.
18. To approve the revised arrangements for health overview and scrutiny as set out in paragraph 10 and more fully defined in Appendices B to E.
19. As a consequence, to abolish the pilot area panels and ask the District Councils to take whatever action is necessary in support of the revised arrangements.

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Unpublished documents relied on in the preparation of this report: NONE