

Health Overview and Scrutiny

A suggested model for scrutiny arrangements of health and health services at District level

Preamble

Cumbria Primary Care Trust is currently setting up 6 Locality Commissioning Boards, each chaired by a G.P., which will be responsible for commissioning health services in their locality and will increasingly hold the funds to do so. There are to be 6 localities, each one coterminous with a District Council area. The PCT wishes to establish mechanisms to ensure that the Locality Commissioning Board can be held accountable to the local community.

In addition, during 2008, Cumbria PCT will be consulting on 6 Locality Plans, each of which will propose changes to community services, including community hospital services, in their respective locality.

To provide a vehicle for patient and public involvement in each locality, Cumbria PCT is proposing to establish a Local Reference Group for each locality, which would comprise user and other interests and would be independent of the PCT. It would meet regularly with its Locality Commissioning Board to discuss local health services.

Furthermore, each Local Strategic Partnership has a health group whose role in implementing the Local Area Agreement (LAA) for Cumbria is likely to become increasingly important in line with the importance of the LAA, which itself will have to be subject to scrutiny. Any model for health scrutiny at locality level will need to fit in with wider arrangements for scrutiny of the LAA. It also needs to reflect the officer resources available and the level of interest in each district.

All these considerations suggest the need for a model for health scrutiny at District level which integrates with the work of the Health and Well-Being Scrutiny Committee (H&WB Committee).

The proposal set out below does not prevent District Councils from looking at health issues within their existing powers, as health is an important feature of the wellbeing of any local community. However it is suggested that where health or health services are the main features being examined in a scrutiny, the scrutiny should be done through this proposed process.

Referral of Locality issues to Scrutiny

There are currently several routes by which issues get referred to the H&W Committee:

1. From the NHS, e.g. notification of service changes;
2. From members of the Health and Well-being Scrutiny Committee;
3. From the County Council Cabinet or the Scrutiny Management Board;
4. From the PPIFs (or, from April 2008, the LINK).

It is suggested that referrals should also be available through:

5. From District Council overview and scrutiny committees;
6. From the Local Reference Groups proposed by Cumbria PCT.

For any referral through these routes, the H&W Committee would need to consider whether to carry out a scrutiny and communicate its decision back to the referrer.

This would not prevent any other organisation or member of the public *suggesting* matters for health scrutiny, and in these cases it would be a matter for the H&W Committee's Chairman to decide what to bring to the Committee.

Where the issue concerned the whole of, or a large part of, Cumbria, it would be handled as at present, i.e. through prioritising the issue within the H&W Committee's work programme.

Locality Task and Finish Groups of the H&W Committee

When the issue was clearly specific to one locality only, then, provided

- the H&W Committee decided that the issue merits scrutiny and
- the work could be accommodated in the work programme, and
- the work did not conflict or overlap with other scrutiny being carried out by the Committee.

the normal practice would be to set up a locality Task and Finish Group to examine the issue and report back to the Committee with recommendations.

The locality Task and Finish Group would normally comprise up to 2 County Councillors and 2 District Councillors. The 2 County Councillors would be members of the H&W Committee; one of the District Councillors would be the member appointed by the relevant District Council, and the District Council could nominate a second District scrutiny Councillor. This would not prevent other councillors being co-opted onto the Task and Finish Group if the topic so warranted.

It would be the County Council's responsibility to administer the locality Task and Finish Groups.

Initially, a Task and Finish Group will be set up for each of the 4 localities in the North Cumbria “Closer to Home” consultation to examine the locality plans being developed early in 2008. Later in 2008, following the expected consultation on “Closer to Home” proposals in South Cumbria, Task and Finish Groups will be set up to look at the 2 locality plans in South Cumbria.

District Council led Scrutiny of Health

Where there was a wish by scrutiny in a District Council to take the lead in examining an issue which was predominantly one of health, then there would be a preliminary discussion with the H&W Committee to establish whether the proposed scrutiny:

1. was predominantly about an issue local to that District/locality;
2. would not duplicate, or unnecessarily re-open, scrutiny being carried out, or recently completed, by the H&W Committee;
3. was in line with the H&W’s “good practice” policies, including being satisfied that the scrutiny was needed;
4. would include its own District member of H&W Committee and a co-opted County Council member of the H&W Committee on the Task and Finish Group or other body carrying out the scrutiny

If this was all agreed, then the scrutiny would be managed by the District Council, and the H&W Committee would be asked to:

- a. endorse the scrutiny at the start (and thereby encourage the relevant NHS agencies to co-operate with it);
- b. on completion, to consider its findings and, unless it was unhappy with them, to endorse them. This would mean that the H&W Committee could follow up and support any matters arising from the scrutiny, including any that had wider implications.

A “fast track” process involving the Chair of the H&W Committee could be set up to check out points 1 to 4 above. This would include taking soundings from Cumbria PCT about the issues at stake.

Doug Scott
Health Scrutiny Manager
Cumbria County Council
January 2008