

	Overview & Scrutiny Committee – 10 March 2015	Agenda Item No. 5
Title	The way forward for scrutinising Health Issues at Warwick DC – Recommendations from the Health Scrutiny Sub-Committee	
For further information about this report please contact	Councillor Wreford-Bush, Chairman of the Health Scrutiny Sub-Committee, Richard Hall, Lead Officer and Lesley Dury, Committee Services Officer	
Wards of the District directly affected	All	
Is the report private and confidential and not for publication by virtue of a paragraph of schedule 12A of the Local Government Act 1972, following the Local Government (Access to Information) (Variation) Order 2006?	No	
Date and meeting when issue was last considered and relevant minute number	15 April 2014	
Background Papers	O & S Minutes 15 April 2014	

Contrary to the policy framework:	No
Contrary to the budgetary framework:	No
Key Decision?	No
Included within the Forward Plan? (If yes include reference number)	No
Equality Impact Assessment Undertaken	No
This report makes recommendations on the process for the Council to scrutinise health issues, and does not discuss the actual health issues which would require such an assessment.	

Officer/Councillor Approval		
Officer Approval	Date	Name
Chief Executive/Deputy Chief Executive	26 Feb 2015	Chris Elliott
Head of Service	26 Feb 2015	Richard Hall
CMT		
Section 151 Officer	16 Feb 2015	Mike Snow
Monitoring Officer		Andy Jones
Finance	16 Feb 2015	Jenny Clayton
Portfolio Holder(s)	26 Feb 2015	Councillor Coker

Consultation & Community Engagement	
The Democratic Services Manager has been consulted over staffing implications. The Health Scrutiny Sub-Committee approved the content of the report at its meeting 24 February 2015.	
Final Decision?	No
Suggested next steps (if not final decision please set out below)	
If the recommendation is accepted, then final decision to form a new committee would need to be agreed by Full Council. In the event that O & S agree option 7.1 of the alternative options specified, then a follow-on report would be required to specify staffing resource and budget implications.	

1. **Summary**

- 1.1 In April 2014, the Overview & Scrutiny Committee set up a Health Scrutiny Sub-Committee to oversee scrutiny of Health Issues affecting Warwick District Council and to provide a report to Overview and Scrutiny in March 2015 on the way forward for Health Scrutiny.
- 1.2 This report presents the recommendations from the Health Scrutiny Sub-Committee which requires approval from the Overview & Scrutiny Committee before the recommendation can go forward to Full Council for decision.

2. **Recommendation**

- 2.1 That the Overview and Scrutiny Committee recommend to Full Council that:
- (a) a committee be formed to handle pre-scrutiny of selected Council reports, documents and policies, where health and wellbeing is an issue, and will select these from information on the Forward Plan, before they reach final stage, and from liaison with the Corporate Management Team and the Senior Management Team. All members of the Council will also be able to suggest reports that require pre-scrutiny of health and wellbeing issues. The Committee will also deal with scrutinising strategic health issues and health related consultations.
 - (b) this committee be named the Health Scrutiny Committee;
 - (c) this committee should consist of at least 11 members¹ and also substitute members;
 - (d) the membership of the committee should be politically proportionate;
 - (e) scrutiny of final reports for Executive will remain the responsibility of the two existing Scrutiny committees;
 - (f) the Health Scrutiny Committee will be resourced from existing staff resources from within Committee Services and Health & Community Protection;
 - (g) that the terms of reference for the committee be framed by the Council's Health and Wellbeing Strategy, viz
 - i. promoting Health & Wellbeing in its community.
 - ii. promoting Health & Wellbeing in its workforce.
 - iii. As a scrutiny body for the local activities and performance of NHS bodies located within the District of Warwick and in other areas of Warwickshire, in liaison with and the County Adult Health & Social Care Overview and Scrutiny Committee.
 - (h) that in order to assist the committee in its scrutiny arrangements, the powers will include the capability of inviting individuals and organisations to present evidence on particular health issues. Every meeting agenda will make provision for the involvement of the Voluntary Sector, and of Public Health Warwickshire, representatives of which will be called upon to attend and to speak.
 - (i) Report authors would be required to take on-board any pre-scrutiny comments/recommendations in respect of their reports or give good reason why this is impractical.

¹ This may be subject to change after the elections in May 2015.

- (j) the committee will run along the same procedure lines as the existing two Scrutiny committees where their functions coincide.
- (k) the Head of Service for Health & Community Protection will encourage officers to take their ideas to the Committee at an early stage through encouragement at senior management meetings.
- (l) meetings for the new committee be set in the Council's calendar every other month, with the option to call additional meetings if required for urgent business.

3. Reasons for the Recommendation

- 3.1 The changes to the health service introduced by the Health and Social Care Act 2012 meant that local authorities had an increased role in delivering health & wellbeing as a result of public health responsibility being transferred from the NHS to Local Government. In liaison with the County Council, through a nationally funded pilot scheme, the benefit of having a District based health scrutiny arrangement was established.

The pilot coincided with strategic changes within this council to align its services to meet the new public health arrangements at county level. The new Health Scrutiny arrangement was therefore seen as key to ensuring that the council delivers against its own strategic aims within the Sustainable Community Strategy and also meets the requirements of the county Health & Wellbeing Board strategy.

- 3.2 The recommendation that the committee handle pre-scrutiny work has been made so that there is limited overlap in responsibility with the other two existing Scrutiny Committees, who often do not get sufficient time to handle pre-scrutiny work in sufficient depth.
- 3.3 It is intended that the existing two Scrutiny committees continue to function as they always have and that the Health Scrutiny Committee concentrate on pre-scrutiny of reports concerning Health & Wellbeing issues and strategic health issues and health and wellbeing consultations only. This means that the Health Scrutiny Committee does not have to meet on the same day or shortly after the agenda is published for meetings of the Executive. The impact of this split is that the committee can be staffed from existing staffing resources within Committee Services and Health & Community Protection, as has been the case with the Health Scrutiny Sub-Committee. Experience from running the Health Scrutiny Sub-Committee would indicate that meetings are not required each month, but obviously the option to call additional meetings remains in place should business needs require this.
- 3.4 The Health Scrutiny Committee will consider health and wellbeing issues only and as such would require the same powers to ask certain individuals and organisations to address them. Equally, since one of the aims of the committee will be to improve health and wellbeing in the District, the committee must be able to hear evidence from the Voluntary Sector and other public health bodies.
- 3.5 In pre-scrutinising reports, the committee must be assured that its comments are acted upon by report authors, or good reason given why this is impractical. This will ensure that the other two Scrutiny Committees do not have to repeat the process when they examine final reports.

4. **Policy Framework**

4.1 **Policy Framework** – The report does not impact on the Policy Framework.

4.2 **Fit for the Future**

Health scrutiny will ensure that in every decision the Council takes and within all the services it operates, health is a key consideration which can only bring benefit to the residents of the District and the Council's staff. Fit for the Future focusses on "Service, People and Money" and health is fundamental to all of these.

One of the Council's Sustainable Community Strategy's five main themes is 'to enable and encourage the people of Warwick District to have an equal access to a healthy life and sense of wellbeing, ensuring that our actions are aligned with the Warwickshire Health & Wellbeing Board's Strategy'. The creation of a Health Scrutiny sub-committee will enable this aim and the priorities and actions arising out of it, to be monitored.

4.3 **Impact Assessments** – There are no policy changes in respect of Equalities.

5. **Budgetary Framework**

5.1 The formation of a new committee would mean that an additional Special Responsibility Allowance of £2,511 per year would be payable to the Chairman. At present, there is no budgetary provision for this within the Council's budget for 2015/16. Therefore, the Council, if it approved an additional committee, would decide how this should be funded for 2015/16 and the finance implications for both 2015/16 and beyond.

5.2 If the recommendation is rejected and the Overview and Scrutiny Committee decided to recommend Alternative Option 7.1, then a further report would be required before any recommendation could be made to Full Council as this would involve additional staffing resource and therefore have budgetary implications.

6. **Risks**

6.1 The main risk associated with health scrutiny is that if the Council does not handle it effectively, it will get left behind by the other organisations involved in the process and it will not ensure that its residents and staff benefit from the process. Ensuring that health is put near or at the top of any decision the Council makes will help to save money in the long run as the public will have more access to the services on hand and will help to ensure councillors and officers will know where to point people who require help on a health issue.

7. **Alternative Option(s) considered**

7.1 A Health Scrutiny Committee that operates in parallel with the other two Scrutiny Committees.

The committee would operate in the same way as the other two sitting scrutiny committees and would be required to meet prior to a meeting of the Executive. This presents practical issues within Committee Services to provide support as currently Committee Services has insufficient staff to guarantee staffing of these meetings. Additionally, report authors would possibly be required to

attend three scrutiny committees which would either all be on the same evening, or in close time proximity to each other.

It is recognised that this option would require additional budget to cover staffing resources and there could be problems at the Town Hall with providing suitable rooms and equipment for three major committees on the same evening.

The current arrangement whereby the existing scrutiny committees scrutinise Executive reports on the evening before the Executive meets works well and it would seem perverse to complicate this arrangement by adding another meeting to the same evening for scrutiny. Additionally, it would require precision discipline to ensure that there was no duplication of discussions between the three scrutiny committees.

7.2 Health Scrutiny to form part of the Overview and Scrutiny Work Plan

Some councillors have a very specific interest in health issues but not necessarily in scrutiny in general which they would be required to undertake if health scrutiny became part of the work of Overview and Scrutiny Committee.

It was also felt that simply making health part of the Overview and Scrutiny Work Plan would not give health sufficient standing and it might get small consideration at meetings where there was a very full agenda.

7.3 Health Scrutiny to continue to be dealt with by a sub-committee

The sub-committee approach has positive benefits insofar as its membership can be small or large and experience of the current sub-committee is that it is a far more flexible vehicle than the full committee approach. However, the overriding disadvantages of the sub-committee approach are that:

- (a) Voting members must be members of the parent committee, namely Overview and Scrutiny. This excludes other councillors who may have a particular interest in health. Indeed when the sub-committee was formed, this proved to be the case with two councillors who had already shown that they had a considerable interest in health issues; namely Councillors Mrs Knight and Weber.
- (b) A sub-committee can never be as influential as a committee given its ranking in the Council's hierarchy.
- (c) Sub-Committee members are sometimes forced to consider health issues twice – once at the sub-committee meeting and then at the parent committee meeting when a recommendation has to be referred to this parent committee.

8. **Background**

8.1 (See section 3.1)

The committee has a direct relationship with the County Adult Social Care and Health Overview and Scrutiny Committee (ASCHOSC) which provide scrutiny of health delivery at county level. There is representation of a WDC councillor on the ASCHOSC, who also attends the district committee. Work programmes are shared to ensure that there is no duplication of issues. The understanding is that either committee could refer matters to the other for scrutiny. For

example a significant concern about Warwick Hospital might become known to our local councillors but it would be most appropriate for the county scrutiny committee to investigate this because the users and impact come from a much wider community than our own area.

There is no prescribed relationship with other organisations and bodies. However, effective communication, with Public Health Warwickshire; South Warwickshire Clinical Commissioning Group; Healthwatch; voluntary sector organisations and others, is considered essential in delivering good health and wellbeing within the district. Representatives of these bodies are invited to attend committee where appropriate and to refer matters of concern.

- 8.2 Back in April 2014, the Overview and Scrutiny Committee set up a sub-committee to handle health scrutiny issues. This was done on the proviso that this sub-committee would report back to Overview and Scrutiny in March 2015 with its recommendations for a permanent way forward for health scrutiny. At the time the Health Scrutiny Committee was established, concerns were raised by Members that in accordance with the way a sub-committee operates, it excluded any Member who did not sit on Overview and Scrutiny from being a voting member of the sub-committee. In particular, the Labour Group objected to this as two of its members had been part of the original working party and had particular interests in health issues. However, because these two councillors did not sit on Overview and Scrutiny, they could not have voting rights on the sub-committee. Councillor Mrs Knight opted to become a co-opted member of the Health Scrutiny Sub-Committee, but she is excluded from any voting. Councillor Weber's experience from sitting on the working party was lost.
- 8.3 The Sub-Committee, with its new membership, took a little while to find its rhythm because there is a considerable split in responsibility between the various bodies dealing with health and wellbeing, and it took time to understand where these responsibilities lay. The overall control of health and wellbeing in the county lies with the County Council, but then there are several bodies within the Health Service that each have different responsibilities.
- 8.4 It would be fair comment that the Health Scrutiny Sub-Committee members have only recently come to understand this Council's role in health and wellbeing and how this ties in with the other organisations. It was for this reason that back in December 2014, the sub-committee Chairman made a request to Overview and Scrutiny that its report on the way forward for health scrutiny at this Council be delayed for a further six months. The sub-committee members also felt that this would have the advantage of allowing the new Council members time before taking on health scrutiny responsibility. However, this request was turned down by Overview and Scrutiny and it was instructed that the report should be delivered as originally agreed in March 2015.