

**SUBMISSION TO COMMUNITY, HOUSING AND ENVIRONMENTAL HEALTH  
OVERVIEW AND SCRUTINY COMMITTEE**

Date : 26<sup>th</sup> June 2013

Agenda item: 4

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**REPORT OF STRATEGIC DIRECTOR – COMMUNITY, HOUSING AND HEALTH**

<b>TERMS OF REFERENCE</b>
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<b>1. PURPOSE OF THE REPORT</b>
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- 1.1 It is 'normal practice' for the Committee to receive a reminder of its terms of reference at the first meeting of the Municipal Year; these are attached at **Appendix A**. A number of tracked changes indicate minor amendments such as the updated title for this Committee and the amalgamation of two Cabinet roles into one.
- 1.2 The main functions of the Committee remain unaltered. However, the role of the Committee around scrutiny of health (at one time undertaken by a health Scrutiny Panel) has contributed to considerable debate by the Committee over recent years.
- 1.3 The power to scrutinize health was conferred on local government (upper tier Authorities) in accordance with the Health and Social Care Act 2001. However, it was agreed in 2003 that a devolved arrangement for health scrutiny would operate within Staffordshire and consequently, each District and Borough Council has a role in health scrutiny either through a specific Panel or as part of the terms of reference of a broader Committee as in our case. The District Council nominates one of its Members to sit on the countywide Health Select Committee (Councillor Mrs Constable) and the County Council nominates Members to participate in discussions on health related issues at local level (Councillor David Smith for Lichfield District).
- 1.4 A Code of Joint Working Arrangements has been developed which sets out how the devolved arrangement will work and the responsibility of each partner; this is set out at **Appendix B**
- 1.5 At a recent meeting of the Overview and Scrutiny Co-ordinating Group, concerns were raised (in the light of the Francis report on Mid Staffordshire Hospital) that there was a lack of clarity around the responsibility of Lichfield District Council in relation to the scrutiny of local NHS premises which deliver health care. Consequently, it was suggested that the Chairman of this Committee correspond with the Chairman of the Health Select Committee and seek this clarification. A copy of the draft letter is attached at **Appendix C**.

<b>2. RECOMMENDATION</b>
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- 2.1 Members are requested to consider and comment on the draft letter attached at **Appendix C**

12. **COMMUNITY, HOUSING AND ENVIRONMENTAL HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE**

**DELEGATED TO THE COMMUNITY, HOUSING AND ENVIRONMENTAL HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE**

12.1 To be responsible for the overview and scrutiny of the work of the Cabinet and the Council in relation to its policy objectives, strategies, performance targets and provision relating to:

- a. Lichfield District Strategic Partnership,
- b. Community impact (including grant aid and Service Level Agreements, community development and regeneration partnerships, community transport and the Old Mining College)
- c. Community Safety (taking account of the powers conferred by the Police and Justice Act 2006 which extends the remit of local authorities to review and scrutinise, and make reports or recommendations regarding the functioning of the responsible authorities (local authorities, fire and rescue authorities, police authorities, the police, probation service and Clinical Commissioning Group) which comprise the local Crime and Disorder Reduction Partnership.
- d. Housing (including homelessness, private sector housing, affordable warmth and strategy and enabling)
- e. Environmental Health (including environmental protection and commercial)
- f. The health of the community including those services commissioned and provided by the National Health Service (in accordance with the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002) and delegated to the District Council by the Staffordshire Health Scrutiny Committee.

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12.2 To consider the roles and decisions undertaken by the Cabinet Member for Community, Housing and Environmental Health.

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12.3 To assist the Council and the Cabinet in the development of its budget and policy framework to align resources with the Council's priorities

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- 12.4 To conduct research to support the analysis of policy issues and the identification and appraisal of possible options
- 12.5 To consider and comment on mechanisms to encourage and enhance community participation in the development of policy options
- 12.6 To question members of the Cabinet and / or Committees and Chief Officers about their views on issues and proposals affecting the area and/or about their decisions and performance whether generally or in comparison with plans and targets over a period of time or in relation to particular decisions, initiatives or projects
- 12.7 To liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working
- 12.8 To review and scrutinise the performance of other bodies in the area and invite reports from them by requesting them to address the Overview and Scrutiny Committee and local people about their activities and performance
- 12.9 To set up Task Groups to support the Committee in the exercise of its functions.
- 12.10 To question and gather evidence from any person, with their consent
- 12.11 To oversee reviews relating to the ~~Community, Housing and Environmental Health~~ Portfolio to receive reports from Project Boards and report the results of their reviews to Cabinet and Council
- 12.12 To report to Full Council on the work of the Committee and make recommendations for future work programmes and amended working methods if appropriate
- 12.13 To exercise the right to call in, for reconsideration, decisions made but not yet implemented by the Cabinet relating to the ~~Community, Housing and Environmental Health~~ Portfolio.
- 12.14 To make recommendations to the Cabinet or appropriate Committee and/or Council arising from the outcome of the scrutiny process.

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**Staffordshire Health Scrutiny Committee**  
**Code of Joint Working Arrangements – Local Authorities**

**1. Background**

- 1.1 The Health and Social Care Act 2001 (“the Act”) as amended by the National Health Service Act 2006 confers upon local authorities with social services functions powers to undertake scrutiny of health matters as detailed in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (“the Regulations”) (as amended by the Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) 2003).
- 1.2 The County Council currently has responsibility for social services functions and, for the benefit of the inhabitants of Staffordshire (excluding Stoke-on-Trent), the County Council and the eight District/Borough Councils in the county have agreed to operate joint working arrangements for health scrutiny.
- 1.3 This code has been developed to provide a framework for the joint working arrangements.
- 1.4 This document may need amending from time to time.

**2. Scope of Overview and Scrutiny Activity**

- 2.1 The areas of activity that may form the basis for possible overview and scrutiny flow from the Regulations. The broad scope is detailed at paragraph 2(1) **“An overview and scrutiny committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority.”** (“scrutiny activity”).
- 2.2 All parties accept and agree that scrutiny activity is not a complaints mechanism. Accordingly matters which are referred/determined for consideration by the scrutiny process, shall properly fall within its scope and overview. Whether or not this will be the case will depend on the individual circumstances.
- 2.3 In Staffordshire scrutiny activity will be based on three levels of responsibility. The level of responsibility will determine where a specific scrutiny activity may be dealt with:
- (a) The County Council may lead on matters that can best be dealt with at a county level.
  - (b) For some matters the County Council may ask a lead District/Borough Council to carry out the scrutiny, and this may be singly or jointly with other District/Borough Councils.
  - (c) Those matters best dealt with by District and Borough Councils.

2.4 In order to discharge the levels of responsibility:

- (a) **The County Council scrutiny activity** – will be undertaken by the Staffordshire Health Scrutiny Committee. Its initial membership is eight County Councillors whose appointment takes account of political balance and eight District/Borough Councillors (one from each of the District/Borough areas within the County of Staffordshire), nominated annually. Since this will constitute eight separate appointments, political balance is not an issue. The Staffordshire Health Scrutiny Committee will be administrated by the County Council and operate in accordance with the County Council's Constitution<sup>1</sup>, Committee procedure and rules. The Chair and Vice Chair will be appointed by the County Council. All Members will be required to sign the Code of Conduct for Members. Guidance for all Members may be sought from the Clerk to the Committee or the Health Scrutiny and Support Manager. The Health Scrutiny and Support Manager will ensure that there is opportunity for appropriate links with officers of all the District/Borough Councils. For this purpose an officer group has been formed and has its own terms of reference.
- (b) **County Council appointment of lead District/Borough** – the Staffordshire Health Scrutiny Committee, will determine any scrutiny activity which falls under this heading, the terms of reference, and ask a lead District/Borough (with their agreement). The terms of reference will determine if appropriate, which organisations' Constitution will be adhered to during the process. This approach could, for example, be taken because a particular District/Borough wishes to undertake the specific scrutiny activity due to local interest. This approach may involve more than one District/Borough, but in such a case it is accepted that only one will be the nominated lead.
- (c) **District and Borough scrutiny activity** – this will be undertaken by the appropriate scrutiny arrangement set up locally. In all cases one County Councillor will be appointed to each Committee designated for the purpose and they will be voting members for those matters which relate to health scrutiny activity. Appointments will be by the County Council on a yearly basis. As a Member of the relevant District/Borough Council Committee all County Councillors will be bound by the Constitution and rules of procedure etc of that Committee.

### County Level Scrutiny Activity

2.5 The Staffordshire Health Scrutiny Committee may deal with:

- (a) matters pertaining to the West Midlands Strategic Health Authority, West Midlands Strategic Commissioning Group and West Midlands Ambulance Service NHS Trust (in conjunction with the health overview and scrutiny committees of the relevant Councils within the region);
- (b) matters pertaining to South Staffordshire Primary Care Trust and NHS North Staffordshire (PCT cluster);

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<sup>1</sup> The County Council's Constitution does not permit substitute members but in the event of a District/Borough Council member being unable to attend a meeting of the Committee they may send a representative to attend as an observer for the part of that meeting held in public.

- (c) matters pertaining to the North Staffordshire Combined Healthcare NHS Trust and the South Staffordshire and Shropshire Healthcare NHS Foundation Trust;
- (d) matters pertaining to Burton Hospitals NHS Foundation Trust, Mid Staffordshire NHS Foundation Trust and University Hospital of North Staffordshire NHS Trust;
- (e) matters relating to any other health body which commissions or provides services to inhabitants of Staffordshire;
- (f) Social Services and Health Services interface including relevant partnerships;
- (g) responding to reports from Local Involvement Networks; and
- (h) health related consultations, commissioning, and services that relate to more than one District/Borough;

other than where a District/Borough has agreed to take a lead role in scrutinising a matter.

- (i) Other scrutiny activity which has been agreed by the Staffordshire Health Scrutiny Committee and all the relevant District/Borough Councils to be dealt with by the Staffordshire Health Scrutiny Committee.

### **County Appointment of Lead District/Borough Scrutiny Activity**

2.6 Matters which fall under this heading will be determined by agreement at the relevant time. See paragraph 2.4(b) above.

### **District/Borough Scrutiny Activity**

2.7 District/Borough scrutiny activity may deal with:

- (a) health bodies, consultations, commissioning and services which contribute towards health improvement within their area;
- (b) matters which have been agreed with the Staffordshire Health Scrutiny Committee;
- (c) District/Borough services that interface with planning for and providing health services - for example, but not exclusively, housing, leisure and environmental health service; and
- (d) relevant local partnerships.

## Choosing the Topics

- 2.8 It is recognised that the final choice of topics for health scrutiny is that of the appropriate Committee, but that the planning and co-ordination of scrutiny activity is important in regard to assuring the quality of scrutiny activity and making the best use of resources. In order to avoid duplication/overload the following principles are accepted:
- (a) That the Committees will develop their approach to involving interested parties and the public in the preparation of their annual work programmes, including one another.
  - (b) The Staffordshire Health Scrutiny Committee is currently the most appropriate committee to advise on choice of topics for health scrutiny across Staffordshire. Accordingly, each District/Borough Councillor member will undertake this advisory role when attending the Staffordshire Health Scrutiny Committee and each appropriate District/Borough Councillor and County Council member will undertake this role when attending the District/Borough Committee designated to deal with health scrutiny activity.
  - (c) It is accepted that a degree of flexibility within work programmes is required to adapt to unforeseen issues arising. However, following Staffordshire Health Scrutiny Committee approval to its annual work programme for scrutiny activity there shall not be deviation from the programme unless there is a clear and urgent need. Whether or not a matter is clear and urgent will be determined by the Staffordshire Health Scrutiny Committee in consultation with the Chairman.

(See Appendix 3 for Staffordshire Health Scrutiny Committee Criteria for Selecting Topics.)

## Maintaining Links

- (d) Whilst undertaking scrutiny activity, for the purpose of keeping each other up-to-date about progress and final recommendations, District/Borough Councillors and County Councillors will be the prime link. However, in addition, arrangements will be facilitated to ensure that the Staffordshire Health Scrutiny and Support Manager regularly receives copies of all District/Borough committee reports/minutes in relation to health scrutiny and that summary updates are provided so that an item may appear on Staffordshire Health Scrutiny Committee agenda. The Staffordshire Health Scrutiny Committee will provide a summary update so that an item may appear on each District/Borough Council agenda similarly. Members of the officer group will assume this responsibility on behalf of their Councillor.
- (e) For the avoidance of doubt, final draft reports and final reports will also be shared under paragraph 2.9(d) above. In the case of draft reports this will be timed to facilitate comments. Final reports and recommendations will take account of paragraph 3 of the Regulations. It will be the responsibility of the Committee producing the final report to take follow-up action.

- (f) Calling health representatives to any committee will be the responsibility of the Chair of that Committee. In so doing it is accepted by all chairs that such will be conducted with courtesy and following appropriate enquires to avoid duplication of requests. Each Chair will also particularly be bound by paragraphs 5 and 6 of the Regulations.
- (g) In addition to committee papers, relevant County Council Health Scrutiny communications will be sent to all Officer Group members and District/Borough Councillor members of the Staffordshire Health Scrutiny Committee. The Staffordshire Health Scrutiny Committee process provides for questions to be asked by its members as a standard agenda item. All members agree to co-operate in the discharge of this arrangement.
- (h) All Councils accept and agree to appropriate officers meeting in accordance with the Staffordshire Health Officers' Group Terms of Reference. (See Appendix 2).

## Resources

- (i) The Staffordshire Health Scrutiny Committee will be administered by the County Council, currently there is approximately one and a half full-time equivalent staff for this purpose.
- (j) The resource for the local health scrutiny arrangement will be a matter for the appropriate District/Borough Council.
- (k) The resourcing of other joint work on matters of common interest, including training and development, will be agreed on a case by case basis.

## 3. General Working Principles

3.1 Generally, unless this code provides a specific provision, then the health scrutiny activity in Staffordshire will be carried out on the basis of the following working principles (and meeting statutory requirements where applicable):

- (a) **Scope of Health Scrutiny** – recognising that the health of local residents is dependent on a number of factors, not just the quality of health services provided by National Health Service organisations, but also on the quality of other services. The intended outcome of health scrutiny activity is the improvement of the health of the people of Staffordshire.
- (b) **Co-operation** – the authorities involved must be willing to share knowledge, respond to requests for information, initiatives and reports as appropriate.
- (c) **Accountability** – the process of health scrutiny will be open and transparent.
- (d) **Accessibility** – the approach to each piece of scrutiny work may vary but scrutiny activity will actively seek to identify interested parties and to involve them where appropriate in the overview and scrutiny process.



Your ref

Our ref

Ask for Councillor Thomas Marshall  
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Councillor Kath Perry, Chairman  
 Healthy Staffordshire Select Committee  
 Staffordshire County Council  
 Number 1 Staffordshire Place  
 Stafford  
 ST16 2LP

27<sup>th</sup> June 2013

Dear Councillor Perry

## **HEALTH SCRUTINY – ROLE OF THE DISTRICT COUNCIL**

Our Community, Housing and Environmental Health Overview and Scrutiny Committee has recently had its first meeting of the Municipal Year when it considered the terms of reference. The aforementioned Committee leads on any matters associated with health scrutiny and we have endeavoured, over recent years, to focus on the underlying determinants of health (housing, fuel poverty, unemployment etc) rather than health in an NHS sense. However, we are aware that we are party to a reciprocal agreement with the County Council in accordance with the Code of Joint Working Arrangements. This Code defines District / Borough Scrutiny Activity as dealing with:

- (a) health bodies, consultations, commissioning and services which contribute towards health improvement within their area;
- (b) matters which have been agreed with the Healthy Staffordshire Select Committee
- (c) District services that interface with planning for and providing health services – for example but not exclusively, housing, leisure and environmental health services and
- (d) Relevant local partnerships

In light of the recent issues at Mid Staffordshire Hospital and the findings of the Robert Francis report, Members of the Committee would welcome some clarity regarding the expectations placed upon them to scrutinize local NHS facilities. Although we do not have a major general hospital located within our District, we do have two community hospitals and multiple GP practices and health centres which deliver health care to thousands of our residents. In previous years, Members have visited local hospitals as part of the 'annual health check' regime and provided comments back to the County Council on their findings. However, these visits did not constitute a comprehensive scrutiny of the performance of the establishments but were rather snap shots at a point in time. We no longer have the capacity to carry out these visits.

The health and well being of our community is important to us and we know that local people place great value on the health care they receive. However, we do not feel in a position to have any sort of 'watchdog' role in relation to local health facilities and do not in any way scrutinize the activities or performance of any NHS establishments within our District because we do not have the resources to undertake these tasks effectively. Indeed, I suspect it would be an unreasonable expectation placed on any health Scrutiny Committee to carry out systematic and effective performance monitoring of an NHS facility on a long term basis.

We continue to be interested in health issues and are happy to comment on any local matters where 'a substantial change or variation' is proposed, but we cannot reasonably be held accountable for the performance of the NHS.

I would be pleased to receive your observations on the above.

Yours sincerely

Councillor Thomas Marshall  
**Chairman**  
**Community, Housing and Environmental Health (Overview & Scrutiny) Committee**