

Phil Norrey
Chief Executive

To: The Chairman and Members of
the Procedures Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 29 March 2017
Please ask for : Rob Hooper 01392 382300

Email: rob.hooper@devon.gov.uk

PROCEDURES COMMITTEE

Thursday, 6th April, 2017

A meeting of the Procedures Committee is to be held on the above date at 2.15 pm in the Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

AGENDA

PART I - OPEN COMMITTEE

1 Apologies for absence

2 Minutes

Minutes of the meeting held on 2 February 2017, previously circulated.

3 Items requiring urgent attention

Items which in the opinion of the Chairman should be considered at the meeting as a matter of urgency.

MATTERS FOR DECISION

4 Constitutional Matters (Pages 1 - 10)

County Solicitor to report on the requirement for the new Council to review the Constitution to ensure that the exercise of Council, Cabinet and 'local' functions, the various Codes of Practice and Governance Framework are up to date and relevant, including Rules of Procedure and Working Practices. The appointment of the Council Leader and appointment and composition of the Cabinet and Committees would, in the first instance, be reported to or approved at the Annual Meeting of the Council on 25 May 2017.

The Committee is asked if it would wish to express a view on any procedural or operational issues relating to the democratic process that the new Council might usefully re-consider or review alongside its consideration of the Health and Wellbeing Scrutiny Committee's Spotlight 360 Review ([CS/17/4](#)) to be considered by Cabinet on 12 April 2017 on the impact of that Committee over the last 4 years and possible improvements in the effectiveness of health scrutiny in the new County Council.

5 Appointments

The current Chairman of the Independent Allowances Remuneration Panel has indicated his intention to stand down in the Autumn and the new County Council will necessarily need to recruit/appoint another Panel Member. Informal soundings are being taken through the current Panel but the Committee may wish to also to suggest possible candidates, including, for example, current Members of the Council who will be standing down in May.

Similarly there is a vacancy for a co-opted member of the Council's Standards Committee and again while informal soundings are being taken through current co-opted members and without wishing to prejudge any decisions of the new Council, the Committee may wish to suggest or canvass possible candidates.


MATTERS FOR INFORMATION

Nil

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF PRESS AND PUBLIC ON THE GROUNDS THAT EXEMPT INFORMATION MAY BE DISCLOSED

Nil

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

Membership
Councillors A Moulding (Chairman), F Biederman, A Connett, T Dempster, J Hart, S Hughes, R Julian, J Owen, N Way and R Westlake
Declaration of Interests
Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.
Access to Information
Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Rob Hooper on 01392 382300. Agenda and minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.
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The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: http://www.devoncc.public-i.tv/core/
In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.
Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.
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 Induction loop system available

Health and Wellbeing Scrutiny Committee

360 Health Scrutiny Spotlight Review

March 2017

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CS/17/04

7th March 2017

Health and Wellbeing Scrutiny Committee

1. Recommendations

The Task Group ask the Health and Wellbeing Scrutiny Committee, Cabinet and the NHS in Devon to endorse the report and recommendations below particularly into the new Council after the elections.

	Recommendation
1.	Implement the suggestions for the most effective scrutiny and work to reduce the ineffective practices as outlined in this paper.
2.	Continue to review the recommendations from task groups and spotlight review to secure progress.
3.	That the Health and Wellbeing Scrutiny Committee considers matters for adult social care in a new council. There is significant overlap between these areas and it no longer makes sense to consider them separately.

2. Introduction

- 2.1. The Health Scrutiny agenda this year has been dominated by wide scale change on a National basis. The introduction of Sustainability and Transformation Plans with the closure of many community hospital beds and anticipated changes to acute services has raised the profile of health scrutiny as local politicians grapple with what these changes mean for local people. Health and Wellbeing Scrutiny has heard from more members of the public this year than ever before.
- 2.2. These developments combined with the impending County Council elections create the opportunity to review performance and impact of health scrutiny at Devon County Council. Since Health Scrutiny legislation changed with the implementation of the Health and Social Care Act 2013 it is appropriate to review progress since this time.
- 2.3. The developments in 2013 followed the damning Francis report which provoked a significant challenge to public organisations involved in providing, commissioning, evaluating and improving health care throughout the country. Local Authority scrutiny was specifically criticised for a lack of oversight and rigor in holding NHS organisations to account. The failings at the Winterbourne View hospital were in part caused by warning signs not being picked up or acted on by health or local authorities, and the concerns raised by a whistle blower going unheeded. The Keogh review examined the quality of care and treatment provided by hospital trusts with persistently high mortality rates. The views of staff and patients played a central role in the overall review and the individual investigations.
- 2.4. Since this time the Health and Wellbeing Scrutiny Committee has carried out the following pieces of work:
 - **Spotlight Review North Devon Maternity (2013)**
To understand and inform the Committee's position on the changes to the maternity service in Northern Devon

- **Health Checks (2013)**
Devon County Council Health and Wellbeing Scrutiny Committee was chosen in the summer as one of five Scrutiny Development Area projects to examine NHS Health Checks through the lens of the 'Return on Investment' scrutiny model developed by the Centre for Public Scrutiny.
 - **Spotlight Review Voice of the Vulnerable (2014)**
The spotlight was established to ask: How can scrutiny be sure that it hears the voice of vulnerable people in Devon. This followed the Francis report and its critique of scrutiny.
 - **CCG Strategy (2014)**
Reviewing the development of the NEW Devon CCG programme of Transforming Community Services.
 - **Spotlight Review CAMHS (2014)**
The Health and Wellbeing Scrutiny Committee was invited to examine the Children and Adolescent Mental Health Service (CAMHS) by the former Cabinet Member for Children's Services.
 - **Integration (2015)**
The Health and Wellbeing Scrutiny Committee and the People Scrutiny Committee at Devon County Council worked with the Centre for Public Scrutiny to consider the integration agenda further.
 - **Referral TG and subsequent scrutiny referral (2016)**
The starting point for this investigation was whether or not the Committee wished to make a referral to the Secretary of State for Health on the closure of the community hospital beds in Torrington Community Hospital.
 - **Spotlight review into STP model of care (2016)**
The Health and Wellbeing Scrutiny Committee and the People's Scrutiny Committee from Devon County Council met with the Torbay Community Services Review Panel and the Plymouth Wellbeing Scrutiny Committee on the 5th October for a spotlight review. The review forms part of the on-going work to understand and scrutinise the activities that make up the Sustainability and Transformation Plan (STP) and the changes in localities that follow this plan.
 - **Quality Spotlight Review (2016)**
The Committee initiated this piece of work to resolve how the Committee can ascertain if a service is working well and what warning signs to look for if it is underperforming.
 - **Fairer funding for CCGs in Devon (2017)**
The Health and Wellbeing Scrutiny Committee established this Task Group to review the mechanics of the funding settlement that is given to CCGs in Devon each year by central Government to:
 - *Clearly establish the principles upon which the local NHS is funded by central Government.*
 - *Come to a view on whether the principles that underpin the funding formula disproportionately disadvantage Devon and if Devon is comparably underfunded as a result.*
 - *Make representations to Central Government as appropriate to challenge the allocation of funds.*
- 2.5. On the 29th November 2016 the Health and Wellbeing Scrutiny Committee convened a spotlight review that invited members of the Committee, NHS

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professionals from commissioners and providers, Devon County Council officers and third sector representatives. In a very open session all participants were invited to speak honestly about their experiences of scrutiny. Prior to the session a few questions about the effectiveness of scrutiny were sent to members and stakeholders. The results were shared in the session and included comments from people who could not be in the room.

3. What is the purpose of scrutiny?

- 3.1 The Scrutiny function was introduced to local government in 2000 and is based on the parliamentary select committee model of governance. This is where groups of MPs hold inquiries into issues and make recommendations. Before this date decisions in local government had been made by committees of Councillors.
- 3.2 The full Council is responsible for the adoption of the budget and policy framework. Once these are established the responsibility falls to the Cabinet to implement. Scrutiny is a significant activity of most non-executive Councillors. Through one or more committees, Councillors question and challenge the decisions and policies that are initiated by Cabinet as well as developing policy and conducting service reviews. Scrutiny committees are able to require Cabinet members and senior officers to attend public meetings.
- 3.3 Scrutiny works to the common aim of improving services for the local community and is involved in the following:
 - Policy review and development: helping to shape the way public services are delivered
 - Scrutinising decisions: is the right action being taken? Are services working effectively?
 - External scrutiny including health: examining services that impact upon the local community.
- 3.4 It is vital to have an effective scrutiny function to ensure that the Council makes better decisions, informed by consideration and evidence. Scrutiny is also a key way that local people can be heard.

'(scrutiny is) Absolutely vital'

Devon County Councillor
















'Ensures that our organisation follows the correct process, is transparent and listened to the needs of the population'

Stakeholder

- 3.5 Health scrutiny has additional powers to other local authority scrutiny committees. The commissioner of a service has a duty to consult Health Scrutiny when there is a significant change planned. The timescales of the consultation must be clear and published. Where this has happened and scrutiny has evidence to suggest that the proposals have not been consulted upon or is not in the best interests of the local health service the Committee can refer the matter to the Secretary of State. The purpose of the referral could be to get full consultation where there has not been any or to have a more detailed understanding of the decision.

4. What has worked and what could be improved?

4.1 Prior to the spotlight review Councillors and Stakeholders were invited to share their views on the effectiveness of the health scrutiny function. The following table summarises the answers to what scrutiny do more of against what scrutiny should do less of should.

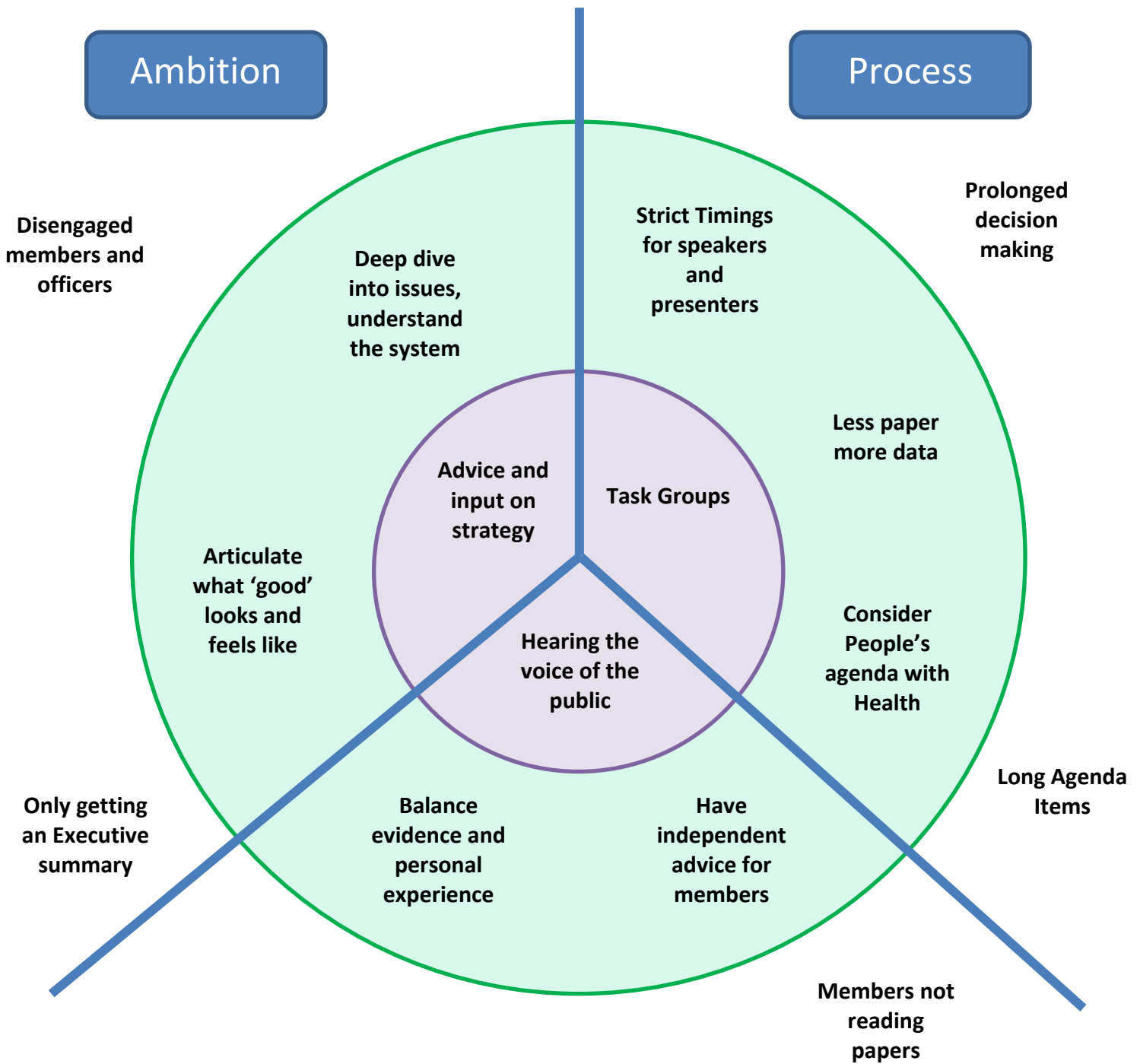
	Do more:	Do Less:
Councillors	<ul style="list-style-type: none">  Hearing from residents or patients  Specific detailed deep dive scrutiny  Look at the wider determinants of health  Understand where the money goes. 	<ul style="list-style-type: none">  Listening to NHS managers give long presentations  Anecdotal stories from committee members  Interfering in the detail of service reconfiguration  Scrutinising issues where the decision has already been taken
Stakeholders	<ul style="list-style-type: none">  Have a clear overview of the important topics, with equity in scrutiny of providers  Engaging with the evidence base and need for change  Being willing to listen to a reasoned argument  Define what good process and success looks like, especially for consultation 	<ul style="list-style-type: none">  Being political  Straying away from the remit of the committee  Time spent on issues only relevant to a vocal minority

4.2 When asked about the impact of scrutiny Councilor views were mixed. Several comments were made about the usefulness of task groups which get to the nub of an issue and provide a strong evidence base upon which to act. It was also felt that health providers and commissioners hearing the voice of scrutiny and taking on board recommendations had improved. Members of the public are also more aware of scrutiny than they ever have been and are engaging with the democratic process. However there were other responses that were unsure of the impact of scrutiny with the most negative comment being that scrutiny is an expensive waste of time.

4.3 Stakeholders highlighted complementary issues to those of members, saying that spotlight reviews and task groups were positive experiences with clear evidence base. At its best scrutiny can help to ensure that process is robust and considered and providers welcomed the holding to account of public bodies in a public arena because it gives the opportunity for rational debate. Advice from scrutiny officers also informs the work of stakeholders. However sometimes the scrutiny process has made change really difficult and has frustrated service transformation. Delays or extensions to processes can cause operational uncertainty and risks to patient care and staff wellbeing.

4.4 The diagram over the page plots the mixed responses from stakeholders and members in an open discussion about the most effective and least effective behaviors, processes and ambitions of scrutiny. The closer to the center the more effective members and officers rated effectiveness. The work was conducted as an open meeting with internal, external officers, representatives of public and third sector organisations and members

Evaluation of scrutiny activities



Key

- Most effective scrutiny
- Good Scrutiny
- Ineffective scrutiny

Most effective scrutiny:

- 4.5 Task Groups were universally agreed upon as the most useful activity that scrutiny can undertake. These a-political, issue-specific evidence based reviews look at a particular service area, issue or change. By interviewing people who may be affected by the issue including staff, managers, stakeholders' representatives of third sector groups and people who live or work in Devon a picture of the issue is built up. This is triangulated often with national thinking and research on the issue to present an analysis of what is working and where improvements can be made. Giving advice to senior leaders and decision makers across organisations was equally seen as being some of the most valuable work that scrutiny can undertake.
- 4.6 In line with the recommendations from Francis and what many Councillors identify as the most important aspects of scrutiny is listening to and representing the voice of the public. Tthe spotlight review also recognised that sometimes it can be a frustrating experience as scrutiny does not have decision making powers. Members of the public are more aware of health scrutiny and take the opportunity to be more involved than at any previous time. Since public participation has been introduced as a standing item on the agenda of all scrutiny committees Health Scrutiny has had 29 speakers in total, far in excess of any other committee. Scrutiny does however need to ensure that everyone's voice is heard, not just those able and angry enough to speak at committee. Participants recognized the value of listening to those who do speak but also needs to have mechanisms in place where there is a right of reply when specific services or people are criticized, otherwise only half of the picture is presented.
- 4.7 Taking an attitude that is proactive rather than re-active is also crucial for scrutiny. Some participants were concerned that scrutiny had spent significant amounts of time on issues that were only relevant to a vocal minority at the expense of work that encompassed issues that relate to the whole of Devon.

Good Scrutiny

- 4.8 Attendees at the spotlight review thought that there were a number of simple, practical activities that could offer quick wins to scrutiny. Foremost of these was consideration of the time taken for presentations at committee alongside the necessary detail in reports. The discussion appreciated the conflict when presenters often wish to share as much information as possible, whilst members need to apply analysis and understanding to what are often complex issues. It was universally felt that time in committee was best used on questions from members, rather than presentations. To support this endeavor better use could be made of informal information sharing activities such as masterclasses and other briefings. Members shared the difficulty of understanding highly technical health information and cutting to the heart of an issue that may be buried in up to a hundred pages of information. Members asked for plain English reports that give a clear overview of the issue and the impact. This can be a complicated judgment call, as the spotlight review was also clear that simply having an Exec summary is not sufficient. However all attendees were positive about the shared vision of achieving good communication and will continue to work towards this as a shared goal.
- 4.9 It was also felt that the cross over between People's Scrutiny Committee and Health Scrutiny Committee meant that in the next Council their remits should be considered by the same committee. This may be potentially difficult with the breadth of topics that this Committee could cover. A significant concern currently is

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that Health Scrutiny has had a tendency to review one area of need, and not focus upon other equally or more valid.

- 4.10 Balancing evidence of what works with need and technical considerations alongside that of people's individual experiences is an enduring challenge for scrutiny practitioners. The ideal situation is where robust questioning and research leads to meaningful insights that change policy and practice for the benefit of the people of Devon. Hearing from staff and service users or people in the community is an essential part of building this picture.
- 4.11 To support getting to the right level of detail and analysis stakeholders suggested that independent advice could be sought. Following endeavors by the scrutiny officer the South West overview and scrutiny network will be speaking to the Clinical Cabinet who review the clinical effectiveness of changes by CCGs.

Least Effective Scrutiny

- 4.12 This section perhaps needs less commentary than the others because it is reasonably self-evident. Participants in the session felt that there was evidence of some behaviors and attitudes that were counter-productive to the effective functioning of the scrutiny cycle. Most particularly where members were disengaged and did not adequately prepare for the investigation, or were unable to prepare because of a lack of information scrutiny was less effective. The management of the function also requires championing to ensure that short, focused questioning with the right information being shared is the norm.
- 4.13 There were also general comments made that do not easily fall into these categories but raise useful points in the general consideration of effective scrutiny. Firstly the subject of members training was discussed, this is about adequately preparing scrutiny members for the effective questioning and understanding complex topics. The need to have consistent relationships across organisations where the committee can receive a briefing in short order should it be necessary was also raised. In some areas it was felt that this worked well, and in others there could be improvements made. The workload of the staff supporting the function was also discussed.

5. Conclusion

This was a short investigation with the remit of trying to improve the way in which the Health and Wellbeing Scrutiny Committee works and achieves meaningful outcomes for the people of Devon. Scrutiny works on the basis of questioning, using information and evidence and representing the views of local people to improve services. The Spotlight Review acknowledged the areas of success and made recommendations to improve health scrutiny in the new administration after the elections. The continued working towards excellence in scrutiny as demonstrated by behaviours, attitudes and ultimately outcomes is an agreed goal from this spotlight review.

6. Sources of evidence

Witnesses

The Task Group heard testimony from a number of sources and would like to express sincere thanks to the following for their involvement and the information that they have

shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Organisation	Person	Role
North Devon Healthcare trust	Katherine Allen	Director
North Devon Healthcare trust	Chris Bowman	Director
Health and Social Care Forum	Elli Pang	Secretary
Health Watch Devon	John Rom	Trustee
South Devon and Torbay Clinical Commissioning Group	Ray Chalmers	Head of Communications and Strategic Engagement
DCC	Steve Brown -	Deputy Director Of Public Health
New Devon CCG	Jenny McNeil	Associate Director

7. Task Group Membership

Membership of the Spotlight Review were as follows:

Councillors Richard Westlake (Chairman), Claire Wright, Brian Greenslade, Chris Clarence, Debo Sellis and Rufus Gilbert

8. Contact

For all enquiries about this report or its contents please contact

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