

Commissioning Liaison Member Role Review

March 2021

This report will be reported to all three Scrutiny Committees by their CLM

Recommendation:

That the new Council continues the role of electing one or two Commissioning Liaison Members for each Scrutiny Committee

1. Background

- 1.1 In 2017 the Corporate (as was) Scrutiny Committee undertook a task group on Commissioning with its stated intention of:
- 1.2 The Task Group set out to explore the following questions during its investigation:
 - How does the Council ensure that the Scrutiny function stays relevant and meaningful?
 - In a Council which no longer directly delivers most of its services, how can Scrutiny continue to hold those responsible for delivering services to account?
 - At what point in the Commissioning process can Scrutiny add the most value?
 - How can commissioners engage Scrutiny in a meaningful way?
- 1.3 One of the four recommendations of the task group was the establishment of a Commissioning Liaison Member from each Committee to strengthen the awareness of commissioning activity in the relevant area of the Council. The role has now been in operation for the majority of this term of the Council. For Corporate Infrastructure and Regulatory Services Scrutiny Committee two Members were put forward for the role.
- 1.4 The Health and Adult Care Commissioning Liaison Member has a slightly different role to the other two in light of the additional scrutiny legislation that covers Health Scrutiny. In brief the NHS has to consult Scrutiny before embarking upon service change or commissioning.

2. Activity

- 2.1 Since the task group in 2017 each Member has approached the role in a slightly different way according to the nuances of each committee. A summary of activity is presented on the following table:

	<i>Children's Scrutiny Committee</i>	<i>Health and Adult Care Scrutiny Committee</i>	<i>CIRS Scrutiny Committee</i>
2017		Better Care Fund	Progress of the role
2018	<p>Disabled Children: Short Breaks Sufficiency: Placements for Children in Care</p> <p>Regional Adoption Agency (RAA)</p> <p>Commissioning Liaison Spring Report.pdf (devon.gov.uk)</p> <p>CS1843 - Commissioning Liaison Member Autumn Briefing.pdf (devon.gov.uk)</p>	<p>Development of an Integrated Care System</p> <p>Attendance at bi-monthly catch up with chairs and senior Health & Adult Social Care officers</p>	<p>Report on street lighting</p> <p>https://democracy.devon.gov.uk/documents/s22591/SLP%20Member%20report.pdf</p>
2019	<p>Support for Children with Special Educational Needs and Disability Sufficiency of Placements for Children in Care and Care Leavers</p> <p>Regional Adoption Agency (RAA)</p> <p>Commissioning forward plan</p> <p>Support for Children with Special Educational Needs and Disability</p> <p>https://democracy.devon.gov.uk/documents/s25922/CS1914%20Commissioning%20Liaison%20Briefing.pdf</p> <p>CS1843 - Commissioning Liaison Member Autumn Briefing.pdf (devon.gov.uk)</p>	<p>Model of Care Visits - Residential Care / Personal Care</p> <p>Model of Care Visits - Sidmouth/Axminster/Seaton Cluster</p> <p>Devon Partnership Trust</p> <p>Attendance at bi-monthly catch up with chairs and senior Health & Adult Social Care officers</p>	Devon Permit Scheme for Road and Street Works
2020		<p>Carers Spotlight Review</p> <p>Attendance at bi-monthly catch up with chairs and senior Health & Adult Social Care officers</p>	<p>Connecting Devon and Somerset Broadband: the procurement of a new contractor to replace Gigaclear.</p> <p>Skanska and the timeline for novation</p>

Views from the current Commissioning Liaison Members

What has worked well?

- Supported better Scrutiny by an improved strategic understanding of internal systems and external providers 'filling in the gaps' that might have been missed.
- Enabled Scrutiny to consider and input specification changes to new contracts by being involved at an early stage.
- Improved awareness and understanding of the commissioning cycle.
- Having oversight of the long-term schedule of contracts, suppliers, and contract renewal dates.
- Being able to input to agenda setting meetings.
- Members have been able to be pro-active in the role and have had the flexibility to carry out the role in their own way
- Supported by officers when raising concerns of committee members

What could be improved?

- Improve liaison with the Portfolio holder, perhaps by scheduling regular briefings.
- There has been limited opportunity to flag areas for Scrutiny to review. However, nothing has been missed.
- More formal training and induction to the post
- Embedding the role of Commissioning Liaison Members as an integral part of the committee and giving the CLM prominence

How to judge success over next year?

- Continuing to have candid conversations across the Council based on trust to improve Scrutiny.
- The task group changed DCC contracts to include providers in the Scrutiny process, but to date this has only happened in a limited way. Having greater oversight over providers could be a measure of good Scrutiny.
- Continued involvement in the wider question of moving services in house or externally commissioning them.
- The role having oversight of ICS with the move away from competition-based health commissioning.

3. Conclusion

Although the role has been adapted and evolved separately for each Committee there is demonstrable impact from each role as appropriate to the respective Committee. It may be useful to revisit the Commissioning Liaison Protocol as per the appendix and update it to reflect the nuances that have developed since its inception.

Report of the commissioning Liaison Members

Councillors Phil Twiss	Health and Adult Care Scrutiny
Councillor Richard Hosking	Children's Scrutiny
Councillors Kevin Ball and Yvonne Atkinson	Corporate Infrastructure and Regulatory Services Scrutiny

Appendix 1:

Commissioning Liaison Member Protocol

Summer 2017

This is a guidance document prepared by the scrutiny team to support the effective working of the nominated Commissioning Liaison Member/s from each scrutiny committee. The role was established following a recommendation made by the 'Scrutiny in a Commissioning Council' Task Group 2016. The full report and recommendations can be viewed [here](#).

Purpose:

The task group felt that nominating a member from each committee to develop positive relationships with Cabinet Members and Lead Officers to find out about commissioning activity would strengthen the effectiveness of scrutiny. The Commissioning Liaison Member will undertake to:

1. Understand the Council's commissioning processes and priorities;
2. Act as a link between Cabinet and the Scrutiny Committee and bring to the attention of the Scrutiny Chair and Committee:
 - significant commissioning activity
 - performance or service delivery issues relating to services commissioned through external providers
3. Support the Scrutiny Committee to examine the commissioning of services within the wider context of the Council's strategic vision and purpose

This does not affect the legal duties around commissioning and provider relations particularly in relation to health scrutiny.

Approach:

To carry out this role in the most effective way the Commissioning Liaison Members from each committee have agreed to meet as a group on a regular basis to:

1. Receive commissioning training
2. Ensure a consistent approach is taken to the Scrutiny of commissioning
3. Champion the approach to Scrutiny's involvement in commissioning across the Council and Health

The group will also use receive details of forthcoming commissioning activity and individually take this back to each scrutiny committee to report at the work programme with suggestions about how the committee might be involved in commissioning activity.

Review and development

It is proposed that the effectiveness of this role could be reviewed in line with the task group recommendation after six months of operation.

In future there may be the opportunity to undertake specific scrutiny investigations relating to commissioning as directed by each relevant scrutiny committee.