

COMMUNITY OVERVIEW AND SCRUTINY COMMITTEE – SPECIAL MEETING

THURSDAY 21 MARCH 2002 AT 10.00 AM

PRESENT: Councillor Ellis (Chairman), Councillors Boaden, Mrs Crookdake (as substitute for Councillor J Mallinson), Mrs Fisher, Knapton and McMillan.

COS.46/02 WELCOME

The Chairman welcomed all those present to the meeting.

COS.47/02 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors J Mallinson, Toole and Weber.

An apology for absence was also submitted on behalf of the Head of Housing Provision who was required to attend a Health Authority meeting today.

COS.48/02 DECLARATIONS OF INTEREST

There were no declarations affecting any item on the Agenda.

COS.49/02 SPECIAL MEETINGS

A Member expressed concern that a special meeting of the Committee had been called for this morning and also on 26 March 2002, and questioned why the business to be transacted could not have been combined into one meeting.

The Head of Corporate Policy and Strategy indicated that this morning's meeting had been called following the decision of the Overview and Scrutiny Management Committee on 14 March to refer the Department of Health consultation document for comment and bearing in mind the deadline for such comment. However, the meeting to be held on 26 March would be discussing the LSVT and arrangements had already been made for witnesses to be in attendance. Clearly, every effort would be made to avoid separate special meetings where possible.

RESOLVED – That the position be noted.

COS.50/02 DEVELOPING THE HEALTH SCRUTINY ROLE – CONSULTATION

Pursuant to Minute OSM.28/02, a report of the Director of Housing (H.23/02), an addendum prepared by the Head of Corporate Policy and Strategy, and a Department of Health consultation document entitled "Local Authority Health Overview and Scrutiny" were submitted. The Overview and Scrutiny Management Committee had felt that the matter fell within the remit of this Committee and had therefore referred it on for comment.

The Head of Corporate Policy and Strategy presented report H.23/02 which summarised the proposals for Local Authority scrutiny of Health as outlined in the consultation document. Although the deadline for comment was 16 April 2002, he understood that had been slightly extended.

The Head of Corporate Policy and Strategy then presented his addendum which, in addition to the general points made by the LGIU and Democratic Health Network, set out issues contained within the consultation document which were considered important for the Authority to comment upon. These issues included District scrutiny of PCTs, planning and health overview and scrutiny, making use of local expertise and sources of information, and Joint Overview and Scrutiny Committees, and proposed responses had also been provided.

A Member questioned the boundaries for the Primary Care Trusts (PCTs) in this District. The Head of Corporate Policy and Strategy indicated that there were 2 PCTs in the area and it was crucial that local arrangements were put in place at District level to scrutinise the same. It may also be beneficial to use the Community Plan and Best Value Reviews e.g. Regeneration to help focus priorities.

A Member stated that he did not support the Government's intention to set up an Independent Reconfiguration Panel to advise on contested major service change in the NHS.

Discussion arose, during which Members commented as follows:

(1) Scrutiny

The scrutiny role of PCTs should be delegated to District Councils.

The health of an area was affected by a wide range of factors, including services provided by the City Council (i.e. housing and leisure), and therefore the involvement of District Councils should be as broadly based as possible. Joint working on scrutiny was vital to avoid a separation of views. In addition, the co-option of representatives from other authorities and bodies was important, as was the input of the proposed Patients' Forums.

Rigour was required with regard to the working of overview and scrutiny in order for it to be credible.

(2) Resources

Protocols must be put in place to ensure effective working and adequate resourcing of scrutiny was essential in order for it to work effectively.

(3) Boundaries

Concern was expressed that, as had happened in the past, Carlisle may become affiliated to the North West. It should be stressed in the strongest

possible terms that for tertiary care Carlisle must remain affiliated to the North East.

The "Great Ormond Street" question needed to be addressed (i.e. the manner by which effective scrutiny of institutions providing services across Social Services authorities' boundaries, regionally and nationally, could take place).

(4) Definitions of Duty to Consult

There was a need for criteria to be set out centrally defining the meaning of substantial development/substantial variation to developments.

RESOLVED – That this Committee requests that the Executive send a formal response directly to the Department of Health by 16 April 2002, incorporating the issues raised in the report, particularly those at points (1) – (4) above.

[The meeting ended at 10.25 am]