

OVERVIEW AND SCRUTINY GUIDE FOR SELECT COMMITTEE MEMBERS



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What is the purpose of this guide?

This Guide is intended to assist councillors sitting on Select Committee's, particularly Select Committee on Health and Adult Social Care (HASC), and follows the publication of 'Health Scrutiny – A guide for participants. It provides an outline to the legislative framework within scrutiny operates in Dudley, sets out principles which make the overall management and operation of scrutiny more effective. Moreover, it focuses on the duties and responsibilities arising from HASC's statutory role for Health scrutiny which includes reviewing and scrutinising health services provided or commissioned by NHS services in Dudley. In the interests of continuous development this document will be subject to systematic review and revision.

1. Purpose of Scrutiny

Under part 2 of the Local Government Act 2000, most Councils were required to develop an Executive and Scrutiny split by June 2002.

The 2000 Act requires that Councils formally recognise two different roles in decision-making, that of the Executive and that of Scrutiny. The role of the Executive is to propose "the policy framework and implement policies within that framework". The role of overview and Scrutiny Councillors is "to represent constituents, share in the policy and budget decisions of the full Council, suggest policy improvements and scrutinise the Executive's policies and policy implementation".

The council has in place internal mechanisms to ensure that timely action is taken to identify and tackle performance issues. In year performance management inevitably identifies some intractable problems, which require more detailed scrutiny investigation and comparative analysis in order to determine the appropriate remedial action.

The role of scrutiny is to identify these issues, to investigate the problems and to make recommendations to the Executive. This process is likely to involve evidence being given by Executive councillors, senior officers and, in some instances, external experts.

Contributing to executive decision-making

The Executive prepares a forward plan that sets out the key decisions it will be taking for at least the next four months. The forward plan is updated frequently on a rolling basis and therefore provides the scrutiny function with basic information on what issues the Executive is due to consider. This includes the council's budget and plans that form the council's policy framework, including the Council plan.

An increasing number of plans are prepared under partnership arrangements and include actions and targets to which other bodies contribute. During the development of such plans there is a need to ensure regular communication

between the Executive, Scrutiny Overview Committee and the relevant Scrutiny Committees.

Scrutinising external partners

With the powers to focus on external scrutiny of partners being extended, there is potential for the Council, and its partners, to review ambitions and priorities; and to ensure that they are truly based on a shared understanding of the local community's needs.

The Local Government Act 2000 says scrutiny arrangements should include the power to report 'on matters which affect the authority's area or the inhabitants of that area'. The Local Government and Public Involvement in Health Act 2007 develops the legal framework by creating a clear requirement on all of those bodies placed under the duty to co-operate to appear before the committee within 20 working days in so far as their actions relate to functions or service delivery connected with the authority.

The Health and Social Care Act 2012 sets out the health scrutiny role. It includes provision for representatives of local NHS bodies to be required to attend and provide information to council scrutiny bodies (i.e HASC). Scrutiny involves local authority and non-statutory organisations as they commission and provide health related services. It may also involve other boroughs where a health trust services more than one local authority area. The committee has powers to refer matters to the Secretary of State for Health.

In addition, Dudley's new Local Involvement Network (LINK)¹, expected to be in-place in Dudley by September 2008, will have powers to refer local matters relating to health and Adult social services to the HASC.

The Police and Justice Act 2006 contains powers on scrutiny of police, crime and disorder issues, which are likely to be implemented from 2008. A duty to scrutinise Crime and Disorder Reduction Partnerships (CDRPs) is given, and regulations detail issues such as rights of access to information, requirements to attend the committee, and co-option. Those involved in CDRPs are police and police authorities, councils, PCTs, and fire authorities.

¹ The Local Government and Public Involvement in Health Act 2007 introduced a number of measures relating to local government and the involvement of local communities. The Act abolished Patients' Forums and the Commission for Patient and Public Involvement in Health. The Act also introduced Local Involvement Networks (LINKs), strengthened the NHS duty to involve and put in place a new NHS duty to report.

A LINK is a community-based network of organisations and individuals, independent of any publicly funded organisation, committed to widening the influence of users of health and social care services in the service planning, development and improvement process.

2. Structure

The Council has five Select Committees, comprised of elected members including the opposition parties, with a key role to review and scrutinise Council and Cabinet decisions. The Select Committee on Health and Adult Social Care is unique in that it is the only Committee with further statutory provision to scrutinise both Council decisions (relating to the Committee's terms of reference) and services provided and commissioned by local NHS bodies i.e. Primary Care Trust, Dudley Group of Hospitals and West Midlands Ambulance Service.

There is no overarching Scrutiny Executive Committee setting out the direction and items of meetings of Dudley's Select Committees, and as such are management boards in their right. There is, however, a meeting of Select Committee Chairmen which meets on a need-by-need basis to consider cross-cutting scrutiny matters.

3. Making scrutiny work

Scrutiny can be a powerful tool in ensuring that public resources achieve the best possible outcomes for the local community but only if it is focused.

Each committee has a set number of meetings each year. To make the most of these meetings a solid scrutiny work plan needs to be agreed at the start of the year with a clear indication of the issues each committee will be aiming to investigate during the year. The Scrutiny Overview Committee will sign off the work plan, and any in-year amendments to it.

The Select Committees reflect two key dimensions of Scrutiny i.e. Policy review (overview) and tracking of issues (scrutiny). The HASC for example undertakes both in-depth reviews and shorter pieces of work that are considered in one or two regular meetings i.e. Call-in, consultation responses, helping to shape policies etc.

Setting up in-depth reviews

Topics for scrutiny investigations should be:

- Specific (pinning down exactly what is to be scrutinised)
- Achievable within the timescale available
- Appropriate for engaging the public, so that scrutiny will mean something definite for Dudley residents.
- Capable of producing some tangible and preferably fairly immediate results.

Other factors to take into consideration when choosing a topic for scrutiny:

- The relative importance of the issue to service users (and non-users), other stakeholders and the general public. This may

entail looking at issues raised in members' surgeries, complaints received, results of residents' surveys and other consultative activities to gauge this;

- The degree of impact that scrutiny may make on an issue;
- Where there is evidence of an actual, or imminent or perceived failure in a policy area or in the delivery of a service;
- Where there is evidence of actual or possible future public disquiet or interest in an issue;
- Issues which members and/or officers have suggested as being suitable for scrutiny;
- A direct request from the Executive to scrutinise a particular area – especially where some policy development work could inform the Executive's decision making;
- The length of time and the amount of resources the scrutiny of a particular policy is expected to entail;
- The length of time since previous scrutiny or any other review of performance or an external inspection or investigation (e.g. Ofsted or Audit Commission).
- Scrutiny must not be used as an alternative to normal appeals procedures.

Carrying out scrutiny investigations

The HASC has carried out several in-depth investigations (reviews), and though continuous learning have developed a seven step methodology to its reviews:

1. Planning the investigation
2. Collecting evidence
3. Chairing meetings
4. Writing the report
5. Feedback
6. Implementation and review
7. Evaluation

Step 1: Planning the investigation

- Receive background information - background papers and research data is collected from groups and elsewhere by the Scrutiny/Policy officer;
- Initial discussion of the scope of the investigation – discussion of the terms of reference;
- Plan the shape of the scrutiny – decide how many meetings will be required for evidence/deliberation/reporting;

- Setting meeting dates at an early stage is helpful for all concerned and particularly so for planning publicity and inviting external contributors with plenty of notice;
- Identify and contact those organisations being asked to provide written evidence;
- If external contributors or expert witnesses are to be invited to attend, identify dates for this and send invitation to give plenty of notice;
- Send out information about the scrutiny to the services involved –involvement at the planning stage of the investigation may help to prevent misunderstandings of the purpose of the scrutiny at a later stage;
- Plan publicity so that all interested stakeholders have an opportunity to participate;
- Consider the need for training events, inspections of services, visits to other authorities or other activities;
- Set end date for investigation and clarity over outcome to be achieved;
- Where appropriate invite a representative from a partner or outside organisation to take part in the scrutiny review as a special advisor.

Step 2: Collecting Evidence

Written evidence

Committees may decide to obtain written evidence from a wide range of stakeholders at an early stage in the scrutiny investigation. Members can then discuss the content of the evidence received so that decisions can be reached on any further written evidence that may be required and on whom to invite to future committee meetings. Requests should allow sufficient time for a full and informed response to be made – at least ten working days is suggested.

Consideration should be given to the nature of information required, and whether written reports are always necessary. Presentations may be preferred or perhaps, question and answer sessions. Where reports are needed, these should be short, clear and focused, designed to enable information to be easily absorbed and to help debate and inquiry. While members should be persistent in seeking information, it needs to be recognised that it may not always be available – and that there may be costs to its collection.

Oral evidence

The scrutiny committees can require members of the Executive and officers (third tier and above) to appear before them. More junior officers may attend on occasion, accompanied by a senior officer. The committee can invite other people such as representatives from organisations, experts in a particular field, service users or other members of the public to attend. (NHS officers are required to attend health scrutiny committee meetings when invited.) A written request should be sent with at least ten working days notice of the date of the meeting.

Committees may find it useful to invite a relatively small number of people to give oral evidence and answer questions. Time will be at a premium during question and answer sessions and they need to be carefully planned. Committees need to ensure that the time slot provided allows sufficient time for questioning as this is a useful way for members to probe issues in detail. Members may find it useful to have a brief period at the start of the meeting, before calling contributors in, to discuss what questions they are going to ask. Alternatively, contributors could be provided with a list of questions in advance, with supplementary questions then being based on the response given.

The questioning of contributors requires particular skills. Questioning should be aimed at trying to understand and explore issues rather than at catching the contributor out. Members and officers should avoid making statements rather than asking questions. Asking several questions simultaneously can also be unproductive as it makes it more difficult to ensure that all the questions are answered or to ask follow-up questions.

Copies of the notes of the meeting will be sent to all participants, including contributors, in order to check for accuracy. At completion of the investigation, a copy of the final report should also be sent to contributors.

It should be noted that the LINK can be used by HASC to seek evidence and information from residents and service users.

Visits

Visits by members of the committee to speak to individuals or groups can be an extremely valuable part of the process. Visits can also be used to explain the purpose of the scrutiny to external stakeholders and to encourage them to participate. Site visits can also be very useful in helping committees to get to grips with issues.

Step 3: Chairing Meetings

Scrutiny committee meetings are meant to be less formal than the traditional old-style service committee meetings. The meetings should be open, accessible and transparent, with opportunities for informal ways of working and considerable discussion between members and contributors.

The meetings are open to the public, except where the subject under discussion is of a sensitive or confidential nature. Where those giving evidence think this may be the case, they will need to raise this in advance with the committee chair via Democratic Services team. However, there are only limited grounds for holding meetings in private.

The Chair will need to help the committee to keep to agreed timings, ensure that all members of the committee are able to participate fully and that the line of questioning remains focused. Meetings do not necessarily need to take place at the Council House. Other locations can be used as appropriate depending on the subject under discussion.

Step 4: Writing the Report

Officers from the Democratic Services team will take notes of all committee meetings. These notes will provide material to assist with compiling the final report. Members may find it helpful to ask the relevant lead officer of the Committee to produce an interim 'taking stock' report mid-way through the scrutiny to summarise the issues raised to date and outline what else needs to be done.

The final committee report should be evidence-based, presenting a full picture of the issues under scrutiny and reflecting the range of views presented to the committee. They should contain clear recommendations and suggested timescales for implementation and review. Officers and Executive Councillors who have been involved in the scrutiny should be given an opportunity to comment on the draft report. In particular, checks will be made for factual accuracy and to ensure that no confidential information has been inadvertently included. Officers should be given ten working days to prepare a written response.

Step 5: Feedback

It is important to feed back the results and outcome of the scrutiny to all participants and other interested stakeholders, including all councillors. Copies of the report should be disseminated widely - committees can consider what publicity is appropriate in order to inform the general public of the scrutiny outcome.

Step 6: Implementation and Review

Scrutiny committee reports should then be presented to the Executive for consideration. The Executive may invite the scrutiny committee chair to present the report to it. Health scrutiny reports will be sent to the relevant NHS trust(s) and officer of the borough as relevant. Reports can also be sent to NHS West Midlands (as the regional health authority), health scrutiny committees of other boroughs, the Dudley LINK, non-statutory organisations, and MPs as appropriate to the topic.

Consideration and implementation of the recommendations is the responsibility of the Executive, except where recommendations are directed at external agencies. The Scrutiny Overview Committee will take an overview of progress made in implementing agreed recommendations in the same way that it can for other Executive decisions.

Step 7: Evaluation

In order to promote continuous learning in the scrutiny process, it is useful for the members and officers involved with each scrutiny to have a discussion at the end of the investigation to identify what worked well, what worked less well and what, with hindsight, should have been done differently.

Call-in (also referred to as Pre-decision/Pre-implementation)

When a decision is made by the Cabinet, an individual Cabinet Member or a Committee of the Cabinet, or a key decision is made by an officer with delegated authority from the Cabinet, or an Area Committee or under joint arrangements, the decision shall be published and sent to all Select Chairmen. The notice will bear the date on which it is published and will specify that the decision will come into force, and may then be implemented, on the expiry of 5 working days after the publication of the decision, unless a Select Committee objects to it and calls it in.

During that period, the Director of Law and Property shall call-in a decision for scrutiny by the Committee if so requested by the Chairman or any five voting members of the Committee, and shall then notify the decision-taker of the call-in (it is good practice for members to state the rationale for call-in within two days of declaring that an issue is to be called-in). The Decision-taker shall call a meeting of the Committee in consultation with the Chairman of the Committee, and in any case within 5 working days of the decision to call-in. Implementation of the decision will then normally be deferred until the relevant Scrutiny panel has had the opportunity to consider the matter. For more further details about the Call-in procedure please refer to Constitution (part 4 paragraph 15).

4. Being clear about roles

Scrutiny: a Councillor-led process

Members of the scrutiny committees determine what evidence they want to receive and what questions they will ask

- Councillors take an active role in the scrutiny process, including talking to stakeholders and service deliverers
- Members explore issues in-depth
- The report of the committee's recommendations is a report of the committee rather than a report to the committee written by officers

OFFICERS

For councillors to be able to lead the scrutiny function effectively with an emphasis on interactive, investigative meetings, they require relevant officer support. Adequate training and advice for both councillors and officers is crucial for ensuring the effectiveness of the new system. This guide is designed to help members, officers, special advisors from the community, and our partner organisations, to embrace their various roles.

Lead Scrutiny Officers

Each scrutiny committee has a lead officer who works with the committee to provide support (with exception to HASC which has its own dedicated Scrutiny officer). This involves briefing members, obtaining evidence documents, analysing evidence, writing briefing papers, preparing questions, liaising with other officers and external contributors and drafting reports. On occasion the HASC has received additional support from external Contributors, independent expert, research, training and various NHS site visits.

Committee Managers

Committee manager support to scrutiny committees is provided by officers in the Democratic Services team who arrange dates and rooms, take detailed notes of the discussion, distribute evidence documents and help organise visits and external contributors.

Officers from Legal Services

Officers from Legal Services will attend scrutiny meetings when required.

Senior Officers

Some officers may be called as contributors to give oral evidence and to

answer questions. Senior officers (third tier and above) will be expected to attend when called. More junior officers may attend on occasion, accompanied by a senior officer. Even when not called to give evidence it is envisaged that Directors and/or Executive Heads will attend committee meetings when a service for which they are responsible is being discussed.

EXECUTIVE COUNCILLORS

Scrutiny Committees can ask Executive Councillors to answer questions about specific issues. They should be informed at an early stage about reviews that are set-up wholly or partly within their remit and about possible dates for attending meetings to present evidence and answer questions.

Executive Councillors should be briefed on the range of evidence that a committee has received to date and types of issues that it is considering, so that they can prepare and time is used to best effect. They may also be invited to meetings when a committee's report is being discussed, and to respond to the report at the invitation of the chair.

MEMBERS OF THE PUBLIC

Scrutiny committees are intended to be outward-looking, involving all stakeholders and, in particular, taking account of views of service users and of the public. The views and ideas of service-users (and non-users), service providers and organisations and other agencies with an interest in the topic under review are all valuable in effective scrutiny.

Invitations to participate may come in a variety of ways (for more information about how participants can get involved in scrutiny please see Health Scrutiny guide for participants:

- Through service on a scrutiny committee as a special advisor
- Attending a meeting to give evidence and answer questions
- Attending a meeting as an observer
- Sending in written evidence
- Giving views – through questionnaires, focus groups etc

The role of the HASC is publicised and meetings advertised to encourage participation. In particular, opportunities should be sought to reach out to those sections of the population who may otherwise not readily contribute to the scrutiny process.

It is essential to provide proper feedback to all those involved in a scrutiny review. All those contributing will value being informed about the findings of the scrutiny, recommendations made and the final outcome.

When it is established, Dudley's Local Involvement Network (LINK) will have a close but independent relationship with the HASC as it will be able to refer matters for consideration for scrutiny, and can be used to seek evidence and information from residents and services users. The LINK will have powers to

enter and review services on NHS trusts, and collect the views and experience of service users.

PARTNER ORGANISATIONS

The increasing profile of the role of Local Strategic Partnerships new opportunities for scrutiny. The Government's new Comprehensive Area Assessment gives greater emphasis to area based assessment and the council's role as the leader of strategic partnership work.

Whether or not the organisation is subject to a legal duty to respond to scrutiny, members of the Dudley Partnership from outside the council may become involved in scrutiny. This could be as:

- A subject of scrutiny: a local service external to the council may be the subject of a local scrutiny enquiry
- A witness: witnesses from partner organisations could be invited to give a presentation and answer questions, and be asked for written information or to answer survey questions. Or they could be asked to take part in other forms of evidence gathering such as user consultation.

5. Health Scrutiny

The principles within Health scrutiny strives to operate are:

- Inclusive
- Non adversarial
- Evidence based as opposed to anecdotal
- Factual and unbiased; and
- Open and transparent

The aims for Health Scrutiny in Dudley are congruent to those of the Centre for Public Scrutiny:

- Strong challenge to Council and partner organisations;
- Ensure services are responsive to the needs of the public;
- Engage the public as active citizens, secure the effective promotion of community well-being at a local level; and
- Develop understanding and good practice through research

The following points are adapted from guidance documents published by the Department of Health and the Centre for Public Scrutiny. The HASC will have duties and responsibilities arising from its statutory role for health scrutiny the advice below describes matters relating to health scrutiny committees.

Statutory Context

The Health and Social Care Act of 2001 gives statutory provision to local authorities with social services responsibilities to review and scrutinise health services provided or commissioned by NHS trusts. Local authorities established such scrutiny committees as from January 2003.

Health Scrutiny Committees have has two main statutory roles:

- To review and scrutinise substantial variations of services as proposed by the local health trusts.
- To review and scrutinise topics of concern or interest as identified by members of the Committee.

Health Scrutiny Committees also have responsibilities to:

- Participate in joint health scrutiny committees where the service changes proposed by an NHS trust affect more than one local authority area
- Contribute to the Healthcare Commission annual health checks for NHS trusts
- Ensure that Health Inequalities are considered and managed within new developments or changes to services

- Respond to matters referred by the local authority's Local Involvement Network (LINK), which is due to be established in Dudley September 2008

Government guidance advises that a Health Scrutiny Committee needs to consider whether the service developments or changes proposed by health trusts represent 'substantial variation or development' within the meaning of the Health & Social Care Act 2001 and Statutory Instrument 2002 No 3048 'The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

The Department of Health Guidance of 2003 states:

"In considering whether the proposal is substantial, NHS bodies, committees and stakeholders should consider generally the impact of the change upon patients, carers and the public who use or have the potential to use a service.

More specifically they should take into account:

- Changes in accessibility of services, for example both reductions and increases on a particular site or changes in opening times for a particular clinic. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including relocation of services. Thus there should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more specialty from the same location;
- Impact of proposal on the wider community and their services, including economic impact, transport, regeneration;
- Patients affected, changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial;

- Methods of service delivery, altering the way a service is delivered may be a substantial change – for example moving a particular service into community settings rather than being entirely hospital-based. The views of patients and patients’ forums will be essential in such cases.”

If a Health Scrutiny Committee considers that the changes proposed constitute a substantial variation of services, the proposals the NHS trust has to take the proposals to public and stakeholder consultation.

A Health Scrutiny Committee require officers of NHS trusts to attend before the Committee to answer such questions for the discharge of the Scrutiny Committee’s functions relating to the proposals and consultation. NHS officers have a duty to respond to these requests for attendance. The Committee cannot require General Practitioners, dentists, pharmacists or those providing ophthalmic services to attend meetings as they are not officers of an NHS trust. However in practice such professionals have been positive in their working relationship with HASC.

The Committee can also require NHS trusts to provide information relevant to the proposals and consultation, and invite expert witnesses to provide evidence and information.

A Health Scrutiny Committee can refer matters to the Secretary of State for Health if it is not satisfied:

- With the content of the consultation or the time that has been allowed
- That the reasons given for not carrying out consultation are adequate
- That the proposal is in the interests of the health service in its area.

If a matter is referred to the Secretary of State it may be referred to the Independent Reconfiguration Panel, the local trusts may be asked to reconsider the matter, or the Secretary may make the final decisions.

A Health Scrutiny Committee will make reports and recommendations to NHS trusts and other related bodies e.g. regional health authorities. The minutes and reports go in the public domain. Scrutiny committee meetings are held in public but are not public meetings: there are exemptions for confidential information. NHS trusts have 28 days to respond to Committee reports and recommendations.

When it is established, Dudley’s LINK will have a close but independent relationship with the HASC as it will be able to refer matters for consideration for scrutiny, and can be used to seek evidence and information from residents and service users. The HASC will be required to respond to all referrals of the LINK within a specified timescale.

Joint Committees

Where the NHS trust proposals affect more than one local authority area, health scrutiny members of the areas affected form a joint committee.

Membership, chair / vice chair, and terms of reference are decided by the Committee. A common criterion for membership is the number of patients in each borough / district affected by the proposals. Each local authority decides political proportionality within a borough's membership quota (the HASC has previously formed a joint committee with Walsall to consider proposals to re-configure Mental Health services in Dudley and Walsall).

LOCAL HEALTH BODIES SERVING DUDLEY

DUDLEY PRIMARY CARE TRUST (PCT)

The Dudley Primary Care Trust is responsible for:

- Assessing the health needs of all the people in the local area and developing an insight into the needs of the local community.
- Commissioning (buying) the right services, for instance from GP practices, hospitals and dentists, to meet these needs.
- Improving the overall health of the local community.
- Ensuring these services can be accessed by everyone who needs them.
- Listening to patients' views on services and acting on them.
- Making sure that the organisations providing these services, including social care organisations, are working together effectively.
- Carrying out an annual assessment of GP practices in the area.

Dudley Primary Care Trust is an NHS organisation responsible for making improvements to local health services across this part of the Black Country. The PCT covers the Borough of Dudley with Dudley PCT providing services to approx 310,000 residents.

The PCT area covers 56 general GP practices and 40 dental surgeries, 40 ophthalmic premises, 60 pharmacy premises and we directly employ more than 1800 people, (headcount) over 900 of whom provide community based healthcare across 27 nursing teams, and over 600 provide mental health and learning disability services across the borough.

PCT services include 24 hour district nursing, health visiting, mental health, adults' and children's learning disabilities, podiatry, audiology, school nurses, continence, speech and language therapy and occupational therapy.

Helping people to improve their health is an important part of the PCTs' work. It is recognised that people's health is linked to their social circumstances, with generally the poorest people having the worst health. This is why the PCT is committed to closing the health inequalities gap. However the PCT cannot do this alone and work with partners in social services, housing, police, schools and the council towards the following priorities as part of a scheme called Dudley Community partnership:

- Creating a prosperous borough.
- Promoting a sense of well-being and good health for everyone.
- Celebrating our heritage and local cultural life.
- Safeguarding and improving the environment.
- Promoting individual and community learning.

Please visit the Dudley Community Partnership Website for further information on this scheme.

Further information can be found at www.dudley.nhs.uk

DUDLEY GROUP OF HOSPITALS

The Dudley Group of Hospitals is a newly opened PFI acute general hospital. The Dudley Group of Hospitals NHS Trust provides a wide range of medical, surgical and rehabilitation services to the people of Dudley and surrounding areas.

With one inpatient hospital (Russells Hall Hospital) in the centre of Dudley, and two Hospital Outpatient Centres at the Guest and Corbett sites (based in Dudley and Stourbridge respectively), the Trust provides care and treatment for approximately 400,000 people.

The Trust is the only acute general hospital in the Birmingham and Black Country area to be supported by the NHS West Midlands Health Authority for wave 3 Foundation Trust status, and is working towards achieving this in 2008.

Further information can be found at www.westmidlands.nhs.uk/cms/

WEST MIDLANDS AMBULANCE SERVICE

The current Ambulance Service serving the West Midlands region commenced operations on 1st July 2006, with Hereford & Worcester, Coventry & Warwickshire, WMAS and Shropshire merging to form a Regional Ambulance Service. Staffordshire merged with the new Trust on October 1st 2007.

Further information can be found at www.wmas.nhs.uk

MONITORING, INSPECTING AND REGULATING THE NHS

There are numerous organisations that regulate, audit and inspect different aspects of healthcare. These organisations include:

NON-EXECUTIVE DIRECTORS ON NHS TRUST BOARDS

Trust Boards are the governing bodies of their organisations. They decide the overall strategic direction of the organisation and make sure it meets statutory, financial and legal obligations. Non Executive Directors are lay people not involved in the direct management of service provision within the Trust.

STRATEGIC HEALTH AUTHORITIES (SHAS)

Strategic Health Authorities routinely collect data from the NHS trusts and PCTs in their sector on their performance against each of the 46 key Government targets and new National targets. The Strategic Health Authority tracks the Trusts' performance and monitors any lapses. The Strategic Health Authority works with NHS Trusts and PCTs that are not meeting the targets to find ways of improving their performance.

Further information can be found at www.westmidlands.nhs.uk/cms/

THE HEALTHCARE COMMISSION (HCC)

The Healthcare Commission is the health watchdog for England. It checks that healthcare services meet the required standards in safety, cleanliness, waiting times and many other areas of clinical governance, The HCC collate the findings and issue ratings to all Trusts every October as a measure of standards achieved.

The Healthcare Commission also investigate complaints that the public are unhappy with following an initial investigation by a local Health Trust.

Further information can be found at www.healthcarecommission.org.uk

THE COMMISSION FOR SOCIAL CARE INSPECTION (CSCI)

The Commission for Social Care Inspection inspect and report on care services and councils to improve social care.

It carries out inspections of social care organisations – public, private and voluntary – against national standards.

Further information can be found at www.csci.org.uk

THE AUDIT COMMISSION

The Audit Commission is an independent body responsible for ensuring that public money is used economically, efficiently and effectively. Its function is the audit of local authority and NHS bodies.

Further information can be found at www.audit-commission.gov.uk

THE NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE)

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE guidance is developed using the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and carers, industry and the academic world.

Further information can be found at www.nice.org.uk

LOCAL INVOLVEMENT NETWORKS (LINKs)

The Local Government and public involvement in health act (Section 221) requires each social services authority to procure an organisation or “host” to establish and support a Local Involvement Network (LINKs) in each local authority area. The Act abolishes the CPPIH and all Patients’ Forums with effect from 1 April 2008.

A LINK is a network of local people, organisations and groups that want to make care services better and there will be one in place in every Local Authority area that has social services responsibility. Each LINK will be set up in a way that works best for its local community.

When it is established, Dudley’s LINK will have a close but independent relationship with the HASC as it will be able to refer matters for consideration for scrutiny, and can be used to seek evidence and information from residents and service users.

Further information can be found at www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/DH_076366

PATIENT ADVICE AND LIAISON SERVICES (PALS)

Every health trust established a Patient Advice and Liaison Service in April 2002. It provides a confidential, information, advice and support service on any health related matters including support in the NHS complaints procedure for any member of the public.

Further information can be found at www.pals.nhs.uk

THE INDEPENDENT COMPLAINTS ADVOCACY SERVICE (ICAS)

Established September 2003, the Independent Complaints Advocacy Service provides free, confidential and independent support for anyone making a complaint against the NHS.

Further information can be found at

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Complaintspolicy/NHScomplaintsprocedure/DH_4087428

THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

The Parliamentary and Health Service Ombudsman provides a free service to the public by undertaking independent investigations into complaints that the public believe have not been resolved to their satisfaction. This is usually after the Health Care Commission has investigated a complaint.

Further information can be found at www.ombudsman.org.uk

APPENDIX A
MEETING PREPARATIONS - SELECT COMMITTEE HASC
COMMITTEE REPORT DEADLINES 2008/09

<u>Date of Meeting</u>	<u>Venue and time of meeting</u>	<u>Date of Notification for inclusion on agenda</u>	<u>Draft Report Deadline</u>	<u>Date, Time and Venue of Agenda Meeting</u>	<u>Final Report Deadline</u>	<u>SEND OUT</u>
8 JULY 08	6PM – CR2	10 JUNE 08	12 JUNE 08	BC OFFICE 16 JUNE 08 AT 2PM	26 JUNE 08	30 JUNE 08
18 SEPT 08	6PM – CR2	22 AUG 08	26 AUG 08	BC OFFICE 27 AUG 08 AT 2PM	8 SEPT 08	10 SEPT 08
20 NOV 08	6PM – CR2	23 OCT 08	27 OCT 08	BC OFFICE 29 OCT 08 AT 2PM	10 NOV 08	12 NOV 08
15 JAN 09	6PM – CR2	10 DEC 08	12 DEC 08	BC OFFICE 15 DEC 08 AT 2PM	5 JAN 09	7 JAN 09
26 MAR 09	6PM – CR2	18 FEB 09	20 FEB 09	BC OFFICE 23 FEB 08 AT 2PM	16 MAR 09	18 MAR 09

APPENDIX B

FURTHER INFORMATION

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