


## **Overview and Scrutiny Management Board**

**Thursday 11<sup>th</sup> December, 2014 at 6.00pm**  
**in Committee Room 2 at the Council House, Priory Road, Dudley**

### **Agenda - Public Session** (Meeting open to the public and press)

1. Apologies for absence.
2. To report on the appointment of any substitute members for this meeting.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the meeting held on 25<sup>th</sup> November, 2014 as a correct record.
5. Russells Hall Hospital – Parking and Transport Issues (Pages 1 - 9)
6. Review of Overview and Scrutiny Arrangements – Corporate Restructuring (Pages 10 - 12)
7. To consider any questions from Members to the Chair where two clear days notice has been given to the Director of Corporate Resources (Council Procedure Rule 11.8).



**Director of Corporate Resources**

**Dated: 3<sup>rd</sup> December, 2014**

#### **Distribution:**

Councillor D Tyler (Chair)

Councillor A Finch (Vice-Chair)

Councillors N Barlow, P Bradley, I Cooper, C Hale, M Hanif, R James, L Jones, M Mottram and G Simms.

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## **Minutes of the Overview and Scrutiny Management Board**

**Tuesday, 25th November, 2014 at 4.30 p.m.  
at the Council House, Priory Road, Dudley**

### **Present:**

Councillor Tyler (Chair);  
Councillor A Finch (Vice-Chair);  
Councillors N Barlow, P Bradley, D Caunt, I Cooper, C Hale, M Hanif, L Jones,  
M Mottram and G Simms.

### **Officers:**

R Sims, Assistant Director ,Housing Strategy and Private Sector ( Lead Officer to the Board),A Pope-Smith, Director of Adult, Community and Housing Services,J Millar, Director of Urban Environment, P Tart, Director of Corporate Resources, P Sharratt, Interim Director of Children's Services, K Jackson, Interim Director of Public Health, I Newman,Treasurer, M Bowsher , Assistant Director (Quality and Commissioning) and J Jablonski (Assistant Principal Officer - Democratic Services - Directorate of Corporate Resources).

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23      **Apology for Absence**

An apology for absence from the meeting was submitted on behalf of Councillor R James.

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24      **Appointment of Substitute Member**

It was reported that Councillor D Caunt had been appointed as a substitute for Councillor R James for this meeting of the Board.

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25      **Declaration of Interests**

No Member declared an interest in any matter to be considered at the meeting.

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26      **Minutes**

Resolved

That the minutes of the meeting held on 16<sup>th</sup> October, 2014, be approved as a correct record and signed.

## **Medium Term Financial Strategy**

A joint report of the Chief Executive and Treasurer was submitted on the preliminary Medium Term Financial Strategy approved by Cabinet on 29<sup>th</sup> October, 2014 as a basis for consultation.

The Treasurer in his introduction to the report commented on matters raised at the five meetings of scrutiny committees held prior to this meeting. One particular comment made, arising from comments made at committees, was the need for further explanatory text in the report and this would be included in future reports.

Following the comments of the Treasurer questions were asked -

On the monies received by the Council arising from the refinancing of Birmingham Airport and on the amount of funding received under the Staying Put Fund.

It was reported that the Council received £3.9million in December, 2013 in respect of the first matter and the Interim Director of Children's Services would respond to Councillor Simms direct on the second matter.

Members then proceeded to consider the content of Appendices B and C to the report – Proposed Savings in respect of the Council's Directorates and Proposed use of Public Health Grant 2015/16 – respectively.

In respect of proposed savings for Adult, Community and Housing the following issues were raised

- How committed the Dudley Clinical Commissioning Group (CCG) were to contributing to the Council's finances. A large element of this related to the Better Care Fund. It was reported that because the Government had changed the criteria recently the £6.870 million was still subject to negotiation. However the actual amount should be able to be confirmed shortly and would have to be formally signed off by both the Council and the CCG. Arrangements could be made to report the outcome to Members.
- Mental Health Services – whether the savings shown were achievable. Assurances were given based on work done by the review team identifying reduced costs.
- Unicorn Day Centre – how the savings shown were reached. An assurance was given that the saving shown could be met through various measures that were being considered.

Issues raised in respect of Children's Services were as follows –

- How additional surplus traded service income would be generated. Examples were given of traded services which it was considered could lead to further income given the good brand name of the Service. It was considered that the target could be met.
- Restructure the Integrated Youth Support Service-implications. It was reported that there were four elements to this service and that restructuring and targeting of services would be involved. In response to a question asked the Interim Director of Children's Services would arrange for all Members of the Committee to receive details of the current overall budget for the Service.

In response to a further question as to how many youth centres will have closed by the end of 2017/18 and in particular whether the Sedgley Youth Centre would still be open it was considered that this detail could not be given. It was however considered that some youth centres were likely to close.

- Home to school and college transport – concerns were raised at the overall costs involved and the need to act. In response various measures were mentioned together with the joint working with the Directorate of Adult, Community and Housing Services on commissioning of provision. Work done by that directorate in respect of consultation and in terms of costs and quality of provision were also mentioned.

Arising from further comments made that substantial savings and a better service could be achieved by changing the way the service was provided for example by joint usage with West Midlands Special Needs Transport it was agreed that the outcomes of the consultations held be reported to the next meeting of the committee.

- Children's Centres and health visitor service. It was reported that the contribution from Public Health Grant to support children's centres would be £70,000 in year and a further £470,000 in 2015/16. The Health Visitor Service would become the commissioning responsibility of the local authority in 2015 and this would afford further opportunities for integration and efficiency in the delivery of services to children and young people.
- Dudley Performing Arts (DPA) – in response to comments made it was reported that DPA was not sustainable in its present form and was operated separately from the traded services previously referred to. One possible future option for DPA was for it to operate under a trust arrangement.

Issues raised in respect of Urban Environment were as follows –

- Reduction in the road reconstruction and resurfacing programme – concerns raised at the reduction and impact of this. It was confirmed Dudley had received the largest share of recent government funding for road maintenance across the four Black Country Councils and it was hoped that Dudley's robust Highways Asset Management Plan would help attract additional government funding in the future. The Director of the Urban Environment also referred to the careful balance between preventative programmed repairs and reactive repairs citing also new micro asphalt and recycled material road surfacing treatments now being used borough wide.
- Reduction in gully drain emptying. In response to comments made the Director of the Urban Environment undertook to arrange for Councillor Caunt to be notified of the detail in relation to this proposed saving.
- Redesign of Pest Control Service – query as to whether this involved an increase in fees or reduction of staff. In response it was reported that the options were either outsourcing the service due to peaks and troughs in service demand or a review of the current charging regime.
- Increase bereavement charges – arising from this item comments were made about the capacity of Stourbridge crematorium. The Director of the Urban Environment indicated that the feasibility and cost benefit of providing extra seating at Stourbridge crematorium had been revisited and that he would arrange for Councillor Caunt to be contacted directly on the outcome.
- Switch off selected street lighting from midnight. It was noted that trials had taken place already with dimming and trimming of lights including within the Castle and Priory ward area with no adverse comments received. Further trials would now be undertaken following consultation. Currently there were no proposals to switch off traffic lights at night.

Issues raised in respect of Corporate Resources were as follows –

- Human Resources and Organisational Development – concerns over proposed savings and their impact. In relation to the staffing aspects the Director of Corporate Resources would arrange for details to be sent to Councillor Caunt.

Operationally, whilst directorates would be expected to do more HR type work themselves this did not extend to taking on specialised HR activity.

Arising from comments made about the relationship between recharging and savings, the Treasurer explained the arrangement involved.

In relation to the Chief Executive's directorate no issues were raised.

Issues raised in respect of the proposed use of Public Health Grant –

- In response to a query as to the anticipated underspend for the current financial year, the Interim Director of Public Health undertook to arrange for Councillor Caunt to be informed of this.
- In response to a query as to the earmarked reserves for Public Health it was noted that these were estimated to be £1.7million at the start of 2015/16 and £1.1million at the end of that year.
- New projects – diabetic eye screening – arising from comments made as to the usefulness of this project it was reported that the project was intended to further raise awareness given the 75% take up of the service from the 100% of persons contacted and the need to do targeted work.

In response to a query as to whether the number of opticians undertaking screening could be increased it was reported that the contract with opticians was with NHS England and that the question of their availability needed to be raised with that body.

The results of the work undertaken would be reported to the relevant scrutiny committee.

- In response to a query as to how the budget would cover arrangements for dealing with an ebola outbreak in the borough, it was reported that the Lead Respondent would be Public Health England with whom there was a co-operation agreement. NHS England would cover the costs of work/activity at the local level

The Interim Director of Public Health would respond to Councillor Barlow direct as to whether a similar co-operation agreement covered the City Hospital, Birmingham.

Arising from comments made, a general query was raised as to whether any further work had been done since 2012 on zero based budgeting.

In response the Treasurer reported that whilst that term was not used a number of areas had been subject to challenge over several years.

It was also being proposed that Budget Challenge Teams would be set up to challenge aspects of the budget given the £30 million savings that needed to be achieved by 2017/18.

It was commented upon that this should include service delivery so that the right money was spent in the right places.

The need to address such issues was recognised including the delivery of services in different ways given the need to achieve the savings required.

In response to a further query as to how much capital monies were used to cover pension costs/redundancies the Treasurer undertook to respond direct to Councillor Caunt on this matter.

At the conclusion of all comments made, the Chair thanked Members and Officers for their contributions made.

Resolved

That the Cabinet's proposals for the Medium Term Financial Strategy to 2017/18, as set out in the report submitted, as commented upon by the Scrutiny Committees and as considered by this Board, as indicated above, be noted and that the Officers identified be requested to respond direct to the Members indicated on the issues shown.

The meeting ended at 6.10 pm

CHAIR



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**Overview and Scrutiny Management Board – 11<sup>th</sup> December, 2014**

**Report of the Lead Officer**

**Russells Hall Hospital – Parking and Transport Issues**

**Purpose of Report**

1. To give consideration to ongoing parking and transport issues concerning Russells Hall Hospital and the surrounding areas.

**Background**

2. On 22<sup>nd</sup> September, 2014, the Health Scrutiny Committee considered an update on the progress towards the opening of the new Urgent Care Centre (UCC) at Russells Hall Hospital. Minute No. 16 of that meeting is attached as Appendix 1. The reports submitted to the Health Scrutiny Committee are available on Committee Management Information System on the Council's website
3. The minutes of the Health Scrutiny Committee were submitted to full Council on 13<sup>th</sup> October, 2014. In response to questions at that meeting, the Chair of the Health Scrutiny Committee indicated that the issue of parking had wider implications for partners. It was considered appropriate that this matter should be referred to the Overview and Scrutiny Management Board for consideration. An update on the UCC was given at the Health Scrutiny Committee on 20<sup>th</sup> November, 2014 (Minute No. 32 is attached as Appendix 2)
4. Parking/transport issues in connection with Russells Hall Hospital have been long standing items of community concern. On 17<sup>th</sup> March, 2014, the Castle & Priory/St James's and St Thomas's Community Forum received concerns from residents about parking on the Russells Hall Estate who were requesting that a multi storey car park be built on land opposite the hospital. Residents were informed that Parking Management Officers enforce the restrictions that have been made by the Council. Land to the rear of the hospital is covered by a number of nature conservation designations and in some areas is Green Belt all of which makes development in this location difficult. A proposed residents parking scheme for Russells Hall was rejected by the community when consulted upon. The Council has undertaken to continue to seek ways of mitigating the problems caused by parked vehicles from the hospital. The Council have held talks with the Chief Executive and representatives of the Hospital and have offered to assist where possible in addressing their problems with accommodating parking demand.

5. On 3<sup>rd</sup> November, 2014, the Netherton, Woodside & St Andrews/Quarry Bank and Dudley Wood Community Forum raised concerns about the withdrawal of the 297 bus service to Russells Hall Hospital and the impact this decision had on citizens of the Borough. Discussions were requested with representatives of Centro and National Express.
6. Concerns have also been expressed at the Brierley Hill/Brockmoor and Pensnett Community Forum concerning the centralisation of the Urgent Care Centre at Russells Hall Hospital due to the cost of parking and the effect this will have on the surrounding areas. Problems of traffic congestion at peak times have also been raised by local residents.
7. An invitation to this meeting has been extended by the Lead Officer to the Dudley Group of Hospitals NHS Foundation Trust, Deputy Director of Operations (Estates and Facilities); the Area Manager (Black Country) – Centro and the Head of Traffic and Transportation (Directorate of the Urban Environment).

### **Finance**

8. The detailed financial implications of any future proposals will need to be quantified and reported to the appropriate decision makers as and when necessary.

### **Law**

9. Scrutiny Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.
10. The Health Scrutiny Committee carries out the scrutiny powers relating to health and these are included in the Health and Social Care Acts 2001 and 2012, and associated Regulations and statutory guidance. The Local Government and Public Involvement in Health Act 2007 enables local authorities to scrutinise other partners. Much of this legislation was consolidated in the Localism Act 2011.
11. The Council's scrutiny arrangements are set out in Article 6 of the Constitution (Scrutiny Committees) and the associated Scrutiny Procedure Rules and Protocols.

### **Equality Impact**

12. Provision exists within the scrutiny arrangements for overview and scrutiny to be undertaken of the Council's policies on equality and diversity.

### **Recommendation**

13. That the Overview and Scrutiny Management Board consider the ongoing parking and transport issues concerning Russells Hall Hospital and the surrounding areas taking account of this report and the verbal submissions made at the meeting.



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**Ron Sims**  
**Lead Officer**

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**List of Background Papers**

Reports and minutes of the Health Scrutiny Committee and Community Forums  
(available on the Council's website – [www.dudley.gov.uk](http://www.dudley.gov.uk))

**Extract from the Minutes of the Health Scrutiny Committee**

**Monday 22<sup>nd</sup> September, 2014**

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**16 Update on Urgent Care Development**

A report of the Chief Accountable Officer was submitted on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

Mr Evans, Dudley Clinical Commissioning Group in presenting the report updated Members on progress made since the last meeting. He informed the Committee that they had contacted Centro with a view to consideration being given to improving public transport to the hospital.

There had been a slight delay in choosing the final provider and work was currently underway to consider the submissions of two providers with a view to selecting one of the two final bids and it was hoped to award the contract during October or November. It was explained that the selection process was complex and rigorous and had involved a large number of Panel members that had to judge and score the providers on their submissions which had inevitably led to some delays as Panel members had differing views and had to reach an agreement.

Arising from the presentation of the report and in responding to Members' queries representatives of the Dudley Clinical Commissioning Group made the following points:-

- Initially there had been expressions of interest from twenty providers and varying submissions had been made from both profit and non profit organisations. There was a limit to the amount of profit that could be made by the provider; it was a modest amount set by NHS contractual terms and a document detailing the legal and governance rules applicable could be provided, if required.
- In terms of patient confidentiality and access to records it was explained that it was essential that providers were Care Quality Commission registered as they are then governed by the rules. It was pointed out that non-clinical staff had to access patients records, however, patients had the option to have their records restricted by writing to NHS England. It was also commented that during the consultation process strong views had been expressed that the UCC should be able to access patients' medical history and General Practitioner (GP) records for efficiency purposes.
- An explanation was given on the process involved when patients attended the UCC and it was stated that patients could turn up to the centre at anytime but it was hoped that the 111 service would also be used so that patients could be directed to other appropriate services.

- With regard to the number of staff that would be available at the UCC at any one time it was commented that both providers' submissions contained varying numbers and levels of staff. However, it was confirmed that there would be in excess of fifty staff although that number of staff may not be on site and available at the same time.
- It was confirmed that there would be continual reviews and audits of processes would initially be undertaken on a daily basis to ensure a smooth and efficient service was being provided.
- Patient data was available which aided the determination of a safe ratio of staff and an assurance was given in that the service specification stated that the UCC should always have sufficient numbers of staff available. Monitoring processes were in place and penalties would be issued if it was found that there were staff shortages.
- When patients were initially assessed this would be conducted by a Senior Nurse and the patient would be streamed with a view to being assessed as an urgent or non urgent case. Insofar as the level of experience of the nurse it was stated that the specification specified Band 7 which was of a high level.
- Although there had been some delay in the procurement process owing to meticulous legalities it was anticipated that the scheduled timings would still be adhered to. However, if there were to be any slippage there was provision to extend existing contracts, if required.
- In relation to car parking it was pointed out that a number of actions had been taken to alleviate the problems including "freeing up" the maternity car park that had originally been allocated for staff. Since these further spaces had become available for public use there had been no noticeable issues with car parking, however, it was acknowledged that there were problems with broken barriers which caused traffic to tailback. Alternative plans for staff car parking were being pursued to include the introduction of a Travel Policy.

Some Members disagreed and commented that there were parking problems as they had received several complaints from members of the public. It was further commented that because of parking fees and parking problems people were parking in the surrounding roads which caused nuisance to residents. It was considered that provision should be made for a multi-storey car park.

- In response to a query on whether there would be provision for car parking spaces to be made available directly at the front entrance, particularly for patients that were elderly or had children, it was stated that although there were no allocated spaces, there would be a drop off and pick up point.

Members considered that patients, particularly in emergency situations, should not be burdened with the worry of parking their cars and then having to walk to the main entrance. A Member suggested that a marshalling service should initially be provided at the front entrance to assist elderly and unwell patients and it was considered that volunteers that currently worked at the hospital could be utilised.

- Regarding redirecting patients from the UCC and the danger of a potential increase in patients being redirected it was stated that the payment mechanism in place would prohibit this from happening and would be to the providers' disadvantage. Further details of financial incentives were available in the UCC Commissioning Standards document and could be circulated to Members for information, if required.
- There were various key performance indicators in place and random sample checks would be undertaken to ascertain that patients were appropriately redirected. However, following redirection to a third party provider or service outside of the UCC it was not possible to check whether the patient had attended.
- The rules relating to recharging patients from other areas and patients from abroad were explained. It was pointed out that when treating patients from other areas the relevant General Practitioners' Clinical Commissioning Group were recharged. It was stated that anybody could turn up to the Accident and Emergency section and the first point of call was to ensure the patient was safe and treated appropriately. General tariffs that were charged were given and a list of charges for all procedures and operations could be made available, if required.
- When a patient was initially registered a record would automatically be created and any follow up action recorded.
- Following the opening of the UCC there would initially be rigorous monitoring on a daily basis and data could be provided on patients at anytime. In response to a request it was confirmed that data information could be made available to Members with a view to providing updates on performance of the UCC.
- It was confirmed that there would be a sufficient number of GP's available and further information on the staffing structure could be made available once the contract had been awarded. It was also stated that staff employed at the current walk in centre would have the option to transfer if they so wished.
- It was confirmed that the provider was obligated to abide by the specification requirements including delivering a primary care service to children and ensuring that paediatric training and safeguarding awareness was a key component of the clinical and non-clinical UCC staff team.

A Member referred to the recent review of specialised mental health services for children and young people and asked if a copy of the report could be made available to Members.

The Chair requested that a further report be submitted to a future meeting of the Committee detailing information on the number of patients attending the UCC to include information on how they were assessed, whether treated or redirected. The report should also include information on the numbers of staff that were available over a twenty four hour period.

## **Resolved**

- (1) That the information contained in the report and Appendix to the report on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley, be noted;
  - (2) That a further report detailing information on the number of patients attending the UCC to include information on how they were assessed, whether treated or redirected and information on the numbers of staff that were available over a twenty four hour period, be submitted to a future meeting of the Committee.
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**Extract of the Minutes of the Health Scrutiny Committee**

**Thursday 20<sup>th</sup> November, 2014**

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**32 Update on Urgent Care Development**

A verbal report of the Chief Accountable Officer was submitted on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

In presenting the oral report the Chief Accountable Officer stated that discussions to consider challenges and best solutions were still taking place, there were delays to the building but that the service would still be operational from 1<sup>st</sup> April, 2015. It was reported that "Man in Health" had been the successful tender and that all parties had been impressed by their culture and attitude and were of the opinion that they would work particularly and effectively well with GP's and patients.

Arising from the oral presentation, and in responding to Members' queries and comments, the following points were made:-

The service would be in place and running from 1<sup>st</sup> April, 2015. However, there were delays to the building due to changes to the design and the requirement to submit a planning application.

It was expected that the design of the service would free up capacity and therefore help to improve the quality of service to people and also help to reduce delays in ambulance turnaround.

Discussions had been held around car parking and consideration was being given to expand the parking at the hospital and also the availability of buses to and from the hospital was being explored. It was pointed out that there were only eight car parking spaces at the current walk in centre.

With regard to consultation rooms the Committee were informed that if the designated rooms to be located near the Accident and Emergency Department were not ready and available by 1<sup>st</sup> April, 2015, other rooms situated elsewhere in the hospital could be used.

In relation to drawings or a model of the plans for the UCC the Chief Accountable Officer stated that it was intended to produce plans and that clear information would be publicised as it was imperative that members of the public were made aware of expectations.

Ms Emery (Healthwatch) reported that once the UCC was operational they would undertake a survey with a view to collating information to gauge people's experiences.



The Chief Accountable Officer undertook to submit a report to the Chair to provide an update on discussions held with “Man in Health”. It was also requested that an update report be submitted to the meeting to be held in July, 2015 detailing information on performance, any associated problems particularly in relation to timescales and car parking together with information to be collated from the survey to be undertaken by Healthwatch.

**Resolved**

- (1) That the information contained in the verbal report on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley, be noted;
  - (2) That a further update report to include information on performance, problems encountered, particularly in relation to timescales and car parking, together with information collated from the survey by Healthwatch be submitted to the meeting of the Committee to be held in July, 2015.
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**Overview and Scrutiny Management Board – 11<sup>th</sup> December, 2014**

**Joint Report of the Director of Corporate Resources and the Lead Officer**

**Review of Overview and Scrutiny Arrangements – Corporate Restructuring**

**Purpose of Report**

1. To give initial consideration to the implications of the corporate restructuring on the Council's future overview and scrutiny arrangements.

**Background**

2. During 2013, the Council adopted revised scrutiny arrangements. The scrutiny arrangements have been the subject of ongoing review since then. The last annual scrutiny review was presented to the Council in April, 2014.
3. The changes made to the Council's scrutiny arrangements have been broadly welcomed. In particular, positive comments have been made on the directorate aligned Committee arrangements and the adoption of an Annual Scrutiny Programme to give a clear focus on specific topics for in-depth scrutiny by Members.
4. Scrutiny Committees retain the flexibility to scrutinise any additional topics that might arise during the year. In carrying out their individual work programmes, Scrutiny Chairs and Vice Chairs have the freedom to adapt their approaches to carry out the scrutiny reviews allocated to them. Examples have been informal meetings, task and finish groups, visits and 'virtual' meetings.
5. The Council has recognised the importance of retaining an annual review process. This should ensure that the arrangements continue to align themselves to the needs of the Council and that the scrutiny arrangements remain adaptable and flexible to changes in circumstances.
6. For the remainder of the 2014/15 municipal year, it is recommended that scrutiny arrangements remain unchanged to enable the Committees to complete the reviews allocated to them. The annual report of the Overview and Scrutiny Management Board will be presented to the Council on 13<sup>th</sup> April, 2015.
7. As the Scrutiny Committees are aligned to the existing Directorates, the Board is requested to give early consideration to the arrangements for 2015/16 and beyond, taking into account the ongoing corporate restructuring.

8. The revised organisational structure establishes 3 new Strategic Directorates with 8 Chief Officer portfolios. The proposal, in principle, is to establish a Scrutiny Committee structure which is aligned to the new Strategic Directorate structure. In addition, it would seem appropriate to retain the Overview and Scrutiny Management Board to co-ordinate corporate scrutiny activity. The Health Scrutiny Committee should also be retained to continue with its statutory role.
9. This proposal would mean the establishment of the following Committees with effect from May 2015:  
  
Overview and Scrutiny Management Board  
People Services Scrutiny Committee  
Resources and Transformation Scrutiny Committee  
Environment, Economy and Housing Scrutiny Committee  
Health Scrutiny Committee
10. This proposal would be broadly in line with the existing scrutiny arrangements and the overall context of the restructuring. Subject to the approval of the Board, further work will be undertaken on the details, including the necessary amendments to the Constitution and terms of reference. A more detailed report will be submitted to the meeting of the Overview and Scrutiny Management Board on 25<sup>th</sup> February, 2015.

## **Finance**

11. The costs of operating the Council's scrutiny arrangements are being contained within existing budgetary allocations.
12. The ongoing budget reductions will have an impact on the levels of Directorate and Democratic Services support that is available for the scrutiny process. Moving forward into 2015/16, consideration has to be given to the availability of corporate and directorate resources to service and support working groups, meetings and various levels of scrutiny activity.
13. The proposed structure set out above will mean no increases in Special Responsibility Allowances payable under the Members Allowances Scheme.

## **Law**

14. Scrutiny Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.
15. Scrutiny powers relating to health are included in the Health and Social Care Acts 2001 and 2012, and associated Regulations and statutory guidance. The Police and Justice Act 2006 gives the Council powers to scrutinise the work of the Crime and Disorder Reduction Partnership, and the Local Government and Public Involvement in Health Act 2007 enables local authorities to scrutinise other partners. Much of this legislation was consolidated in the Localism Act 2011.

16. The Council's scrutiny arrangements are set out in Article 6 of the Constitution (Scrutiny Committees) and the associated Scrutiny Procedure Rules and Protocols.

### **Equality Impact**

17. Provision exists within the scrutiny arrangements for overview and scrutiny to be undertaken of the Council's policies on equality and diversity.

### **Recommendation**

18. That the proposal set out in paragraph 9 this report be approved in principle and that a further detailed report be submitted to the next meeting of the Board with a view to recommendations being submitted to the annual meeting of the Council on 21<sup>st</sup> May, 2015.



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**Philip Tart**  
**Director of Corporate Resources**



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**Ron Sims**  
**Lead Officer**

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### **List of Background Papers**

The Council's Constitution – Article 6, Scrutiny Procedure Rules and Protocols  
Reports and Minutes of the Council dated 13<sup>th</sup> October, 2014 - Review of Senior Management and Organisational Structure