

By: Paul Wickenden, Overview, Scrutiny and Localism Manager
To: Health Overview and Scrutiny Committee – 2 October 2009
Subject: Item 5. Potential to Restructure and Refocus the Health Overview and Scrutiny Committee

1. Context

(1) On 27 July 2009, the County Council's Health Overview and Scrutiny Committee were presented with a paper from the Overview, Scrutiny and Localism Manager on the potential to restructure and refocus the Committee. At this meeting:

- a) Members of the Committee discussed this paper and made suggestions as to how the scrutiny of health topics could be carried out more effectively;
- b) Also present at the meeting were representatives of the Local Involvement Network (LINK) who were able to explain how their work could fit into that of the Health Overview and Scrutiny Committee; and
- c) The Committee agreed to return to the topic at their meeting on 2 October.

(2) Attached as Appendix 1 is a paper on the Potential to Refocus and Restructure the Overview and Scrutiny Function which has been the subject of a discussion at all the Policy Overview Committees and the Cabinet Scrutiny Committee and which will go to County Council on 15 October 2009.

(3) The Terms of Reference for a Joint Kent and Medway NHS Joint Overview and Scrutiny Committee and current Protocol for National Health Service Overview and Scrutiny are appended to this report for reference (Appendix 2 and Appendix 3).

2. Health Overview and Scrutiny – Areas for Development

There are a number of different models for developing health scrutiny, as set out in the paper from 27 July. The following are some possible ways forward.

- (1) The Kent Local Involvement Network has distinct but complementary powers to the HOSC. Steps which can be taken to develop partnership working include:
 - (a) Two LINK representatives to become non-voting Members of the Committee in order to be able to bring matters of concern to the attention of the Committee and provide updates of ongoing work; (*Note:- the relevance in (2) is a reminder to the Committee that the LINK has a statutory power to refer issues to the HOSC, while the HOSC has a duty to respond*)
 - (b) Protocols to be drawn up in consultation with the Adult Social Services Policy Overview Committee, Policy Overview Coordinating Committee

and any other relevant Committees to agree how referrals from the Kent LINK will be managed; and

- (c) LINK to assist in developing a pool of patient representatives who will be able to give a valuable perspective on specific issues (see section 7 below).
- (2) Consideration needs to be given to how and where the work of the Health Overview and Scrutiny Committee and Adult Social Service Policy Overview Committee can inform and support each other.
 - (3) There are currently four voting Members of the Committee representing the views of Borough/District authorities in Kent. Two align to those Boroughs/Districts whose residents look towards NHS Eastern and Coastal Kent for their services and two represent those Boroughs/Districts who look to NHS West Kent for their services. The role of these authorities can be developed in the following ways:
 - (a) All Borough and District authorities, along with Medway Council, to be invited to share their work programmes to enable co-ordinated working where appropriate and avoid duplication;
 - (b) Two meetings in each year to be set aside to consider agenda items raised by Borough and District authorities; and
 - (c) Use of formal delegation to Borough and District authorities to carry out scrutiny on topics prior to reporting back to the HOSC. This includes the use of joint select committees with a membership drawn from several authorities, including Kent County Council. *(Note: - The protocols are appended as Appendix 3. Whilst they do not reflect exactly the new health economy structure, i.e. LINK being the patient/public voice, and have not been used as was anticipated in their entirety, e.g. there is provision within the protocols to establish Joint Committees. It is important to recognise that Health and Social Care issues cut across boundaries as to patient flows so it is more effective/efficient to work together in partnership).*
 - (4) The Kent HOSC is currently considering setting up a Joint Select Committee with Medway Council to examine proposals relating to mental health acute beds in Medway and Swale. Issues of a broader strategic nature, such as value for money in Mental Health Services, could be examined through a Joint Select Committee once this piece of work has been concluded.
 - (5) This Committee could undertake to pilot new models of scrutiny, such as rapporteurs, to empower Members and raise the knowledge base of the Committee. Several Members have already expressed an interest in undertaking rapporteurs, or leading small task and finish groups, in the areas of maternity services and pain clinics. Different models would be appropriate for different topics.

- (6) The development of a pool of experts, advisors and patients representatives may aid the process of health scrutiny. In particular, a 'clinical ambassador' would be useful as a way of bridging the worlds of health and local government.
- (7) In the coming autumn, the Department of Health is expected to produce new statutory guidance relating to health scrutiny and this will inform the development of these proposals.

3. Future work programme

- (1) The Committee can scrutinise the planning, provision and operation of health services. This is a wide remit and there are many topics which could reasonably be scrutinised. To add value, consideration needs to be given to both the mode of scrutiny and the timing.
- (2) The following are a selection of issues identified as being important to Health Overview and Scrutiny Committee Members, colleagues from the NHS and Local Involvement Network.
 - Maternity Services;
 - Maidstone and Tunbridge Wells NHS Trust service redesign;
 - Out of hours care;
 - Future of PCT provider services;
 - Stroke care pathway;
 - Cardiac care pathway;
 - Trauma;
 - Pain services;
 - Dementia;
 - Community Care (including community hospitals);
 - Dentistry;
 - Transport/access to health care;
 - Registration with the Care Quality Commission.

4. Recommendations

- (a) The Committee's views are sought on this paper which will form part of the report on the Potential to Restructure and Refocus the Overview and Scrutiny Function which will be before the County Council for debate on 15 October 2009;
- (b) That approval be given to revising the current set of protocols for the Health Overview and Scrutiny Committee, in conjunction with partners, returning to the Committee prior to being submitted to the County Council for approval; and
- (c) The Committee's views are requested on 6 priority topics which it wishes to consider in a formal meeting and delegate the exact scheduling to the Overview, Scrutiny and Localism Manager, in consultation with the Chairman, Vice-Chairman, group leaders, and partners such as LINK and the NHS.

By: Alex King, Deputy Leader

To: All Policy Overview and Scrutiny Committees and the Policy Co-ordinating Committees

Subject: Potential to Refocus and Restructure the Overview and Scrutiny Function

1. Context

This paper represents current thinking from a variety of sources to develop a recommendation to full Council in October. The paper needs to be seen in the context of:

- a) the emerging Strategy for Localism for the County Council and the various models and Frameworks for Localism being established across the County in conjunction with our Partners;
- b) the development of the Member role(s) and County Council's application for the South East Employers Organisation Member Development Charter;
- (c) implementation of the recommendations arising from the Informal Member Group: Member Information;
- (d) the opportunities, working in partnership with Borough/District colleagues that may exist to pool the resources supporting Overview and Scrutiny across the County and to agree shared work programmes on issues which will add value without duplication to the communities which we all serve;
- (e) the emerging scrutiny roles for which legislation/regulations have been published including Scrutiny of the Crime and Disorder Reduction Partnerships; and
- (f) the scrutiny of the public sector bodies advocated in the consultation document "Strengthening Local Democracy".

2. Overview and Scrutiny – the Key Challenges

(1) As the Strategic Authority for Kent the County Council has a unique community leadership role. The challenge to Members is to:-

- Lead the provision of public services in the area;
- Engage with local communities, tiers of local government and stakeholders;
- Define with them the future of the locality; and

- Achieve the strategies and visions which people agree.

(2) That is what the best Councils are doing and their legitimacy for the future will derive from their role as democratic bodies.

(3) All Members of all parties, not just the Executive, have a role in community leadership.

(4) Scrutiny was initially seen to provide challenge to the Council's own service performance. That remains one aspect of the role, but much of the most effective work of scrutiny bodies has involved engagement with the wider community and across all public service issues. It is now incumbent upon the County Council to develop imaginative forms of engagement, to involve local people, service users and others in scrutiny. This is a wider conversation that scrutiny can lead across the county.

3. Challenges

(1) The challenges are as follows:-

- Widening the engagement and understanding of elected Members in effective Partnership working;
- Bringing the knowledge of local issues and communities which elected Members have to service providers involved in Partnerships;
- Holding the leadership of Strategic Partnerships across the public sector including local authorities to account.

(2) Effective Overview and Scrutiny must contribute to effective Partnership working. This can be done through:-

- Using scrutiny projects to bring Partner organisations together to find new ways of working jointly to tackle important local problems (*a good example of this was the work of the Health Overview and Scrutiny Committee in the summer of 2008 which facilitated a discussion between the Acute Hospital Trust, the Primary Care Trust, Dover District Council and the County Council to look at what could be the best outcome for Dover residents in terms of future healthcare provision*);
- Raising the profile of scrutiny and its work priorities to enhance public understanding, and recognition – which has been described as ‘championing the people of Kent’; and
- Building alliances with the Executive and other stakeholders to gain support for recommendations (*another good example is the work of the previous Council, the Select Committees on Autism Spectrum Disorder and Alcohol Misuse where all the Partners that had contributed to the recommendations which were not wholly in the gift of the County Council's Executive to deliver, were brought together before the Select Committee*

report was published to support the recommendations and take ownership for their delivery).

(3) It is important that the overview and scrutiny process adds value working towards positive recommendations and improvements and ensuring that it concentrates on what only scrutiny can do. It is not about duplicating the work of Regulators and Inspectorates. It is also about identifying the key issues behind the statistics – *e.g. widening the conversation to engage local people, service providers, neighbourhood users, communities, and the elected Members, verify problems, and develop ideas on how problems can be solved.*

4. Statutory Requirements

The County Council must have:-

- (a) one scrutiny committee responsible for the scrutiny of Cabinet decisions and operating a “call in “ procedure;
- (b) a statutory Health Overview and Scrutiny Committee which encompasses Adult Social Care as well as NHS matters (*in the autumn it is understood that statutory guidance for local authorities and the NHS will be published setting out how overview and scrutiny of health services can be improved*);
- (c) at least one Committee must be designated as the Crime and Disorder Scrutiny on Committee (*these new powers which came into force on 1 April 2009 currently sit with the Communities Policy Overview Committee and are shortly to be the subject of some discussions on how it will operate with the Kent and Medway Police Authority*); and
- (d) statutory co-optees as required, primarily Church Diocesan representatives and Parent Governors who serve on the Cabinet Scrutiny Committee and the education related Policy Overview Committees.

5. Emerging Scrutiny - Scrutiny of the Crime and Disorder Partnerships

(1) Cabinet Members will be aware that the County Council’s role in the scrutiny of the Crime and Disorder Reduction Partnership is currently in the Communities Policy Overview Committee.

(2) Ongoing discussions are taking place with partner organisations to identify how this might be delivered effectively across the democratically elected sector.

6. Consultation - “Strengthening Local Democracy”

(1) When launching the consultation, Local Government Minister John Denham, made reference to the proposal to give authorities greater scrutiny over:-

- Police strategies in Local Authority areas
- Fire and Rescue Authorities
- Local Authorities’ delivery of high quality education provision

- Probation Authorities
- Job Centres Plus
- Utility companies
- Young People's education and skills issues

(2) As a consequence, bodies external to the scrutiny authority could be compelled to have regard to the recommendations of the scrutiny committee.

(3) This does present the real opportunity to pool all Overview and Scrutiny resources across the public sector and establish an independent body to scrutinise the decision makers of all these public sector bodies.

(4) The public will have the right to appeal to a scrutiny committee if they do not like the response to a petition

(5) A report on a process for written petitions and electronic petitions is to be the subject of a report to the Selection and Member Services Committee on 13 October and to the County Council on 15 October 2009. Every local authority is required to have a process for e-petitions. It will be important that the Cabinet, Chief Officer Group and the Head of Communications and Media Centre are fully aware of the petitions which have been logged and their closing dates and the mechanisms for responding to the petitioner(s).

(6) There is in a two tier area an opportunity for a petitioner to a Borough/District Council who remains dissatisfied with the response to refer the matter to the County Council. How this can best be organised is to be discussed with Borough and District Council colleagues at a meeting later on this month.

(7) The Strengthening Local Democracy consultation document also suggested:

- (a) duty could be placed on local authority Chief Executives to ensure that Committee have adequate resources to carry out their work;
- (b) that the Chairman of an Overview and Scrutiny Committee might be given the authority commensurate with a Cabinet post - *for example Essex County Council have created a lead role for one of their Scrutiny Chairman who chairs not only a Scrutiny Committee but also the Scrutiny Board (which comprises all the Scrutiny Chairmen and Area Forum Chairmen). The Scrutiny Chairmen have a designated room and the culture in Essex County Council has shifted to one of parity of esteem for scrutiny with the Executive. It was also evident from a discussion I have had with the Chairman of the Scrutiny Board that the culture of Essex County Council has changed and scrutiny is seen as an effective mechanism by the Council and Executive in adding value and outcomes for the residents of the County. Members may wish to consider whether the new model for Kent's Overview and Scrutiny function should strengthen the role of the Policy Overview Co-ordinating Committee to 'gate keep' and commission work for the Scrutiny Committees; and*

- (c) there is also a suggestion that as part of the support required, Committees may call on expert advice from the public.

7. Cabinet Scrutiny Committee

(1) At the meeting of the Cabinet Scrutiny Committee on 21 July the Committee asked for a report back at its 23 September meeting on a range of issues including:-

- (a) exploring how many authorities undertake pre-scrutiny;
- (b) greater use of the media in helping to inform scrutiny;
- (c) co-opting representatives to add rigour and robustness to the Overview and Scrutiny process; and
- (d) the potential to strengthen the information made available to Members through the Forward Plan of Key Decisions.

(2) A number of local authorities responded to our request for information on pre-scrutiny. The responses indicated that the process we have for operating the existing Overview and Scrutiny structure of Committees is not dissimilar to the process described by other authorities as pre-scrutiny.

Forward Plan of Key Decisions

(3) One issue which may warrant attention is the possibility of strengthening the information in the Forward Plan of Key Decision and ensuring that the agenda setting process for each of the Council's Overview and Scrutiny Committees takes this into account.

Co-optees

(4) One view from Cabinet and the Cabinet Scrutiny Committee is that one of the ways of strengthening an Overview and Scrutiny process might be to have a pool of experts, advisors, representatives of organisations, voluntary sector or the public to call upon to assist the Overview and Scrutiny Committee for a specific issue. If this is decided by the County Council as an appropriate way forward the challenge will be to establish an independent/impartial mechanism on how this can be achieved. Discussions have taken place with the Appointments Commission, Improvement and Development Agency (IDeA) and the South East Employers Organisation to see if they can assist but it seems unlikely. It has also been suggested that other South East county authorities who are also exploring this role to strengthen Overview and Scrutiny may be willing to establish a mechanism to support our respective overview and scrutiny processes.

(5) Members will be aware that the County Council process for establishing a Select Committee already includes consideration of the appointment of a co-opted expert/advisor who will be able to assist the Select Committee.

(6) Members will also be aware that Durham County Council have established from 1 April 2009 an Overview and Scrutiny structure which includes a scheme of co-option. Ongoing discussions will continue with Durham to assess how successful this scheme of co-optees has been.

Rapporteurs

(7) Members have expressed a wish in developing a rapporteur scheme whereby an elected Member(s) with a specific interest takes ownership for a piece of work, undertakes the research themselves and prepares a report. The Health Overview and Scrutiny Committee have expressed a wish to pilot a rapporteur scheme.

Involvement of the Media/Press in Scrutiny

(8) Members will be aware that the County Council has agreed a protocol for publicising and launching Select Committee reports (attached as an Appendix to this report).

(9) However, one of the issues which arose at the Cabinet Scrutiny Committee on 21 July 2009 was utilising the media and press more effectively. Having spoken to the Member who raised the issue the suggestion made is that when the Overview and Scrutiny Committees have identified their work programme then working with the Communication and Media Centre the views of the public should be sought through a formal process.

(10) Taking this one stage further it should be possible for the public to email in questions they would like asked as the meeting is progressing. This is an exciting proposal and would need careful consideration on how it is implemented/moderated. Members views are sought.

8. Policy Overview Committees

Members are reminded that the County Councils current Overview and Scrutiny process gives non executive Members the ability to assist the Cabinet with Policy Development. At agenda setting meeting Members can make use of the Forward Plan to put an item on the POC agenda, also there is the opportunity for Cabinet Members to make the POC aware of developing policy areas which the POC could have an input into. Any Member may give notice that they wish an item to be considered at a POC meeting. It is important that Members make effective use of these powers to add value to the work of the County Council for the benefit of all Kent residents.

9. Duty to Involve

There is a correlation between the legislative framework around the "Duty to Involve" with the "Place Shaping Agenda", the development of the website, the concept of a "Virtual County Hall", (Kent Space - making Kent Work for You) (a concept whereby communities of interest through Social Networking find the County Council), the Citizens Panel, the Consultation Strategy, petitions and e-petitions, the emerging

localism strategy which are all mechanisms, sources of information and evidence which can help to inform the Overview and Scrutiny function.

10. Timetable

(1) To meet the timetable for a report on the structure of the Overview and Scrutiny function to the County Council on 15 October 2009 I set out below a list of meetings which would give the opportunity to the majority of Members to contribute to this discussion.

Environment, Highways & Waste POC - **15 September**

Communities POC - **17 September**

C, F & E POCs - **18 September**

Adult Social Services POC - **22 September**

Cabinet Scrutiny Committee - **23 September**

Regeneration & Economic Development POC - **24 September**

Corporate POC - **25 September**

Health Overview and Scrutiny Committee - **2 October**

County Council - **15 October**

11. Recommendation

Members views are requested before Cabinet Members make a recommendation to County Council.

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Kent County Council

PUBLIC RELATIONS PROTOCOL FOR SELECT COMMITTEE REVIEWS AND REPORTS

This protocol has been written as a basis for all communications between Select Committee Members and the media. It will ensure that the corporate communications team is able to maximise opportunities for scrutiny to publicise its work and promote the transparency of the Council's decision-making process.

- All actions should be in accordance with the letter and spirit of the DCLG Code of recommended practice on local authority publicity.
- Media activity should be co-ordinated through the corporate communications team who will make arrangements and ensure that the appropriate Members are put forward, rather than Select Committee Members approaching the media direct to discuss the topic review.
- The Select Committee Chairman should be the official spokesperson for the review report, unless another more suitable spokesperson has been identified by the Chairman.
- Chairmen of Select Committees will be expected to attend or have attended media training.
- There is potential, on rare occasions, for conflict between scrutiny and cabinet on issues. Maintaining the professional reputation of the council in the eyes of the public is paramount and conflicting statements may make the council appear inept or divided. Care should be taken, on all sides, to avoid this situation from arising. But in such circumstances Corporate Communications would present factual information to the media fairly representing both the Scrutiny and Cabinet viewpoints.
- The corporate communications team should be advised of any media enquiries received by Select Committee Members to offer guidance and help if required and to monitor responses.
- Press releases for Select Committees will be drafted by a member of the corporate communications team, in consultation with the Research Officer for the review and approved by Select Committee Chairman, in consultation with the Overview, Scrutiny and Localism Manager.
- Press releases will be fair and representative of the views of the Select Committee. They may include the views expressed in minority reports if those views differ from the main report.

- The media are invited to attend all formal meetings of Select Committee unless matters of an exempt nature are to be discussed.
- When the report of the Select Committee is ready to go into the public domain a member of the corporate communications team, in consultation with the Research Officer to the Select Committee drafts a press release. Where possible the press release should include input from a third party who has been involved with the review. The Press release should be approved by the Select Committee Chairman (with the nominated official spokesman, where appropriate) in consultation with the Overview, Scrutiny and Localism Manager. An embargoed copy of the press release should be sent out with an electronic copy of the report, to the media a day before the public domain with an embargo on it. There may or may not be a press conference but the Chairman, relevant members make sure they are available for interviews.
- Corporate Communications officers are permitted to refuse to prepare press releases, deal with media enquiries or arrange media interviews in the following cases:
 - (i) If the press release or enquiry is political in any way.
 - (ii) If the information in the press release is deemed libellous or malicious
- Corporate Communications officers will not organise interviews between media and individual members of the Select Committee unless there is explicit agreement by the Select Committee Chairman.
- Press releases will not be issued as a matter of course after Select Committee meetings simply to record the proceedings. Post-meeting publicity will, however, be given where there is good reasons for doing so e.g. to promote opportunities for public consultation.

Kent and Medway NHS Joint Overview and Scrutiny Committee

Terms of Reference

1. To receive evidence in relation to consultations initiated by local NHS bodies regarding proposals for substantial development or variation of the health service which effect both Medway and a substantial part of Kent.
2. To make comments on behalf of the relevant overview and scrutiny committees of Medway Council and Kent County Council on any such proposals to the NHS body undertaking the consultation.
3. To undertake other scrutiny reviews of health services if requested to do so by the relevant overview and scrutiny committees of both Medway Council and Kent County Council.
4. To report on such other scrutiny reviews to the relevant overview and scrutiny committees of Medway Council and Kent County Council.

Rules

1. These rules apply to the joint committee and any sub-committee established by it.
2. The committee will appoint a chairman at its first meeting in each municipal year, and that chairman will normally be drawn in rotation from Kent County Council members and Medway Council members. Where a review is unfinished at the end of a Municipal Year, members may agree that the previous year's chairman (if still a member of the committee) may continue to preside over consideration of matters relating to that review.
3. If the joint committee cannot agree a single response to an NHS consultation then a minority response which is supported by the largest minority, but at least three members, may be prepared and submitted for consideration by the NHS body with the majority response. The names of those who dissent may, at a member's request, be recorded on the main response.
4. The response of the joint committee to a consultation will normally be submitted to the chair and spokespersons of the relevant overview and scrutiny committees of Kent County Council and Medway Council prior to its submission to the NHS body and at least ten working days before the closing date of the consultation.
5. Following receipt of the joint committee response by the chair and spokespersons of the relevant overview and scrutiny committees, either of those committees (or an appropriately empowered sub-committee thereof) may meet and resolve to inform their proper officer of views or comments they wish to have incorporated in the joint committee's response. If such a request is

received by a proper officer before the closing date of the consultation, those views or comments will be appended to the joint committee's response and that appendix will form part of the joint committee's response.

6. These rules will take precedence over the rules in the constituent authorities constitutions, which will otherwise apply to the joint committee. Where the rules of the constituent authorities' constitutions are in conflict the chairman's ruling will determine which applies.

Annex B: Protocol for National Health Service Overview and Scrutiny

5B.1 These protocols are agreed within a context that assumes organisationally:

- the bringing into force of the Health and Social Care Act 2001
- the continued development of partnership working, especially between Social Services and NHS bodies
- the continued existence at District/Borough level of local overview and scrutiny committees concerned with NHS matters
- the continued existence of representative organisations operating at sub-county level
- a partnership approach working with not against NHS bodies in the county

5B.2 The protocols are based on the principles that:

- Overview and Scrutiny should focus on supporting the improvement of health services to Kent residents.
- Overview and Scrutiny should minimise the additional administrative burdens on local authorities or NHS bodies.
- Overview and Scrutiny agendas need to be developed jointly by the local authorities and the NHS bodies.
- Overview and Scrutiny needs to operate at different levels within Kent.

STRUCTURES

5B.3 Overview and Scrutiny structures will comprise:

District Council Overview and Scrutiny Committees

To look at local service issues:

- Local co-ordination (or joint committees) to ensure cross-District issues dealt with jointly
- Local KCC Members and CHC representatives to have rights of participation
- Focused on PCTs

KCC Health Service Scrutiny Committee

To look at broad and wide area issues, including from the viewpoint of the County Council's Social Service responsibilities:

- An emphasis on working through themed (topic) reviews conducted by Select Committees (smaller ad hoc groups) including District and Patient members
- DC and CHC representatives to have rights of participation
- Service reconfigurations to be looked at through Select Committees (ad hoc time limited sub-committees including DC and CHC participation) reporting to

the KCC Health Service Scrutiny Committee to consider reference to the national Reconfiguration Panel (when the legislation is brought into force)

- Focused on Health Authorities

Medway Overview and Scrutiny Committee

To combine both levels of operation within the Medway area but linked into the co-ordinated system.

CO-ORDINATION

5B.4 Overview and Scrutiny activity at local and Kent level needs free exchange of information and protocols for co-ordination of work and resolution of conflicts. To facilitate this there will be:

- a regular meeting of Committee Chairmen and NHS representatives to agree a programme of work across the county and Medway
- a similar officer forum to support and advise the Chairmen on the work programme and co-ordinate requests for NHS officers to provide papers, information or attend committee meetings

5B.5 The KCC Committee membership allows for DC and CHC membership:

- a permanent representation of three District/Borough Members nominated by KALA and two CHC representatives nominated by the CHCs on a non-voting basis
- a right for the Chairmen of each District/Borough Overview and Scrutiny Committee (or another relevant Member) and each CHC to attend and speak at the KCC Committee (or send a representative) on a matter particularly affecting that area
- appointment of members of relevant District Overview and Scrutiny Committees and CHCs to individual topic reviews (agreed through the Chairmen's meeting)

5B.6 District Committees will allow local KCC Members and CHC representatives to attend and speak at the Committee.

5B.7 KCC and DC members on CHCs will be briefed by and feed back to their appointing Councils.

REVIEW PLANNING

5B.8 Overview and Scrutiny will take the form of a programme of reviews. Each review should be preceded by a Review Plan discussed within the officer forum and agreed with the relevant NHS bodies. Any disagreement should be considered by the relevant Overview and Scrutiny Committee after the NHS representative has attended the Committee to express the NHS view and answer member questions.

5B.9 The Review Plan should:

- set the terms of reference for the review including the general nature of the expected outcome
- set an approximate timetable of meetings and a reporting date
- state the officers supporting the review within the local authority, the NHS and the CHCs and estimate the time commitment required of them
- state the main witnesses and information sources expected to be involved

REVIEW ADMINISTRATION

5B.10 The arrangements for meetings of Overview and Scrutiny Committees shall ensure that:

- Dates for witnesses to attend Committee meetings are agreed with witnesses as far in advance as possible
- NHS Chief Executives and other local authorities' Chief Executives arrange for appropriate officers chosen by them to attend to give evidence on the identified topics (subject to any provision to be made in statutory regulations)
- Advance notice is given of the areas to be covered in questioning
- Information is wherever possible distributed to the Committee in writing before the witness attends

MEETING PROTOCOLS

5B.11 All Overview and Scrutiny Committees should incorporate in their Procedure Rules or otherwise ensure that:

- Committee Members should endeavour not to request detailed information from officers of the NHS or another local authority at meetings of the Committee, unless they have given prior notice through the Clerk. If, in the course of question and answer at a meeting of Committee, it becomes apparent that further information would be useful, the officer being questioned may be required to submit it in writing to members of the Committee through the Clerk
- In the course of questioning at meetings, officers of the NHS or another local authority may decline to give information or respond to questions on the ground that it is more appropriate that the question be directed to a more senior officer or Member
- Officers of the NHS or another local authority may decline to answer questions in an open session of the Committee on the grounds that the answer might disclose information which would be exempt or confidential as defined in the Access to Information Act 1985. In that event, the Committee may resolve to exclude the media and public in order that the question may be answered in private session
- Committees may not criticise or adversely comment on any individual officer of another local authority or of an NHS body by name

REPORTING

5B.12 All local authorities should ensure that:

- A record is made of the main statements of witnesses appearing before the Committee and agreed with those witnesses prior to publication or use by the Committee (Committee meetings may be electronically recorded)
- Drafts of Committee reports and recommendations should be made available for comment by the relevant NHS body (or local authority) whose operations might be commented on and any adverse comments or concerns reported to the Committee before the final report is published
- The Chief Executive of any NHS body and/or the Chief Officer of any other local authority involved with the review is given advance notice of the date of publication of the report and consulted on the text of any accompanying press release
- Reports should include an agreed timetable for any NHS body and/or other local authority involved to publish a response to the report's recommendations once confirmed by the appropriate Overview and Scrutiny Committee

SERVICE RECONFIGURATIONS

5B.13 NHS bodies remain responsible for public and other consultation on service reconfiguration proposals.

5B.14 The intention to carry out a consultation will be discussed in the officer forum.

5B.15 The KCC Health Service Scrutiny Committee will consult District/Borough Councils and CHCs for the areas affected by each proposal on whether to:

- consider the matter at a full meeting of the Committee
- set up a KCC Select Committee to consider the proposal
- request a District/Borough Overview and Scrutiny Committee to consider the proposal

5B.16 If a Select Committee is established or a District/Borough Overview and Scrutiny Committee requested to carry out a review:

- paragraphs 8-12 above shall apply to its work programme and proceedings
- the Review Plan shall as far as possible be integrated with the NHS body's consultation programme
- consideration shall be given to:
 - including one or more members of District/Borough Councils on the Select Committee or KCC members on the District/Borough Overview and Scrutiny Committee
 - including CHC members on the Committee
 - other arrangements for ensuring all local authorities and CHCs may express their views and seek information on the proposal
- the review report shall be submitted to the KCC Health Services Scrutiny Committee who will consider the recommendations together with any response

by the NHS body and decide whether to refer the proposal to the Reconfiguration Panel.