

Norwich City Council
SCRUTINY COMMITTEE

Item No 6

REPORT for meeting to be held on 30 May 2019

Norfolk Health Overview and Scrutiny Committee

Summary: This report provides a brief introduction to health scrutiny, the county council's role, the city council's role and an explanation of how the city council's representative on the Norfolk Health Overview and Scrutiny Committee (NHOSC) role is undertaken. The scrutiny committee is also requested to select a representative and substitute to sit on NHOSC for 2019/20.

Conclusions: Since the Health and Social Care Act 2012 came into effect in 2013, health scrutiny powers lie with the county council rather than directly with NHOSC. County and district councils have different service responsibilities, but both have a significant impact on health and wellbeing. By adoption of a way of working provided by the suggested protocol, the city council and its representative on NHOSC will be able to continue to work in partnership towards positive outcomes on behalf of residents.

Recommendation:

- (1) Agree to continue with the protocol set out at paragraph 2 of the report
- (2) Select a member of the scrutiny committee to be the representative to sit on NHOSC
- (3) Select a member of the scrutiny committee to be the substitute representative on NHOSC

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What follows is the text from the protocol and reporting agreements agreed by Scrutiny Committee in 2017/18. It is recommended that this approach is continued and the dates noted of the planned meetings for 2019/20. A suggested report back timetable is outlined in the main work programme document. A paper from the county council outlining dates for the meetings in this civic year, along with the proposed topics form the last three pages of this report.

1 Introduction to health overview and scrutiny

- 1.1 Since the Health and Social Care Act 2012 Norfolk County Council has delegated its powers to Norfolk Health Overview and Scrutiny Committee (NHOSC). The county council has a statutory duty to run a county-wide Health and Well Being Board, to which the city council send a representative from the cabinet. It has eight county councillors and seven co-opted district council members. The scrutiny committee at Norwich appoints a member representative (plus a substitute).
- 1.2 NHOSC acts as a central point to consider and review the overall links between different parts of the broad health and well-being services and activities across Norfolk. All commissioners and providers of health services, not just NHS organisations, are included in the overview / remit of health scrutiny. It also reduces the risk of organisations needing to duplicate reports or responses across a number of councils. It defines its own role as:

“A statutory Committee which considers all matters relating to the needs, health and health related-services of the population of Norfolk. It scrutinises services that have an impact on the health of Norfolk's citizens and challenges the outcomes of interventions designed to support the health of Norfolk people.”
- 1.3 County and district councils have different service responsibilities, but both have a significant impact on health and wellbeing. For example the county has social care, education and public health roles and districts have planning and housing roles.
- 1.4 Overall the challenges for health scrutiny can fall between taking a strategic approach and a more local focus. With this comes an importance of understanding of how the county and district councils can complement each other and add value when scrutinizing local health and wellbeing matters.
- 1.5 Norwich City Council has a scrutiny member representative who sits on the NHOSC plus one substitute member.

2. A protocol for a good working practice between the City Council Scrutiny Committee and the Norfolk County Health Overview Committee

- 2.1 All NHOSC members have the opportunity to suggest items and the chair and the full committee decides whether or not to put them onto the forward work programme. NHOSC has the ability to delegate health scrutiny powers to district councils for review of specific local subjects
- 2.2 Following each meeting members are given a brief note of the outcomes and actions from the meeting to enable them to report back to their councils. At the 26 February 2015 meeting of the city council scrutiny committee it was agreed that regular updates from the NHOSC representatives should be reported back to the scrutiny committee.
- 2.3 It is therefore suggested that scrutiny committee agree a protocol for the representative of the council to work to:
- The representative should make it clear if they are not representing an agreed view of the council or scrutiny committee
 - A topic for scrutiny can be placed onto the NHOSC work programme either at a meeting of NHOSC as a member of NHOSC or on behalf of the Norwich scrutiny committee or the council if they have been asked to do so.
 - The council's representative on NHOSC may submit relevant reports and recommendations of the scrutiny committee for consideration by NHOSC either if agreed by the chair of the scrutiny committee or by the committee itself or as a result of a request made by the NHOSC chair.
 - The council's representative on NHOSC cannot agree on behalf of the Norwich scrutiny committee to carry out a piece of health scrutiny work. It is for the scrutiny committee to decide if it would like to include the matter on its work programme following a report back.
 - If the Norwich scrutiny committee wishes to take on an item of the NHOSC work programme, it would need to request this via the representative, through the chair of the NHOSC to seek the appropriate agreement of the county council to delegate health scrutiny powers for that item.
 - The council's representative on NHOSC must report back to the scrutiny committee on a regular basis and should liaise with the scrutiny officer on an ongoing basis. Reporting back will be scheduled onto the work programme. The summary of the NHOSC meeting provided by the county council will be attached to the agenda and the representative will give a verbal update and answer questions from the committee.

2.4 The suggested NHOSC work programme for 2019-20 is outlined below but may be subject to change throughout the year.

<i>Meeting dates</i>	<i>Briefings/Main scrutiny topic/initial review of topics/follow-ups</i>	<i>Administrative business</i>
30 May 2019	<p>Local action to address health and care workforce shortages – a short report by Norfolk & Waveney STP Workforce Workstream Lead.</p> <p>Access to palliative and end of life care – follow-up from NHOSC's meeting on 18 October 2018.</p>	
25 July 2019	<p>The Queen Elizabeth Hospital NHS Foundation Trust - response to the Care Quality Commission report – progress report</p> <p>Norfolk and Suffolk NHS Foundation Trust - response to the Care Quality Commission report – progress update</p>	
5 Sept 2019	<p>Physical health checks for adults with learning disabilities – update since September 2018</p> <p>Ambulance response and turnaround times in Norfolk</p> <ul style="list-style-type: none"> • Plans to help patient flow in winter 2019-20 • Progress with pathways for mental health patients • The interface between EEAST and the NHS 111 service 	
10 Oct 2019	<p>Children's speech and language therapy (central and west Norfolk) – update since 28 Feb 2019</p> <p>Adult autism – access to diagnosis – to examine waiting times to diagnosis.</p>	