





Brighton & Hove  
City Council

# Overview & Scrutiny Committee

Title:	<b>Overview &amp; Scrutiny Committee</b>
Date:	<b>10 June 2015</b>
Time:	<b>4.00pm</b>
Venue	<b>The Ronuk Hall, Portslade Town Hall</b>
Members:	<b>Councillors:</b> Simson (Chair), Allen (Opposition Spokesperson), Bennett, Deane, Marsh, K Norman, O'Quinn, Page (Group Spokesperson), Penn and Wares
Contact:	<b>Mark Wall</b> Head of Democratic Services 01273 291006 mark.wall@brighton-hove.gov.uk

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## AGENDA

### 1 PROCEDURAL BUSINESS

- (a) **Declarations of Substitutes:** Where councillors are unable to attend a meeting, a substitute Member from the same political group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
  - (a) Disclosable pecuniary interests;
  - (b) Any other interests required to be registered under the local code;
  - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

*Note: Any item appearing in Part Two of the agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the press and public.*

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.*

### 2 MINUTES OF PREVIOUS MEETINGS

1 - 8

These are the minutes of the previous Overview and Scrutiny Committee and the previous Health and Wellbeing Overview and Scrutiny Committee. Both sets of minutes have been agreed by the previous chairs.

### 3 CHAIR'S COMMUNICATIONS

## OVERVIEW & SCRUTINY COMMITTEE

### 4 PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

- (a) **Petitions:** To receive any petitions presented by members of the public.
- (b) **Written Questions:** To receive any questions submitted by the due date of 12 noon on the 3 June 2015.
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the June 2015.

### 5 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (a) **Petitions:** To receive any petitions;
- (b) **Written Questions:** To consider any written questions;
- (c) **Letters:** To consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Full Council or submitted directly to the Committee.

### 6 OVERVIEW & SCRUTINY COMMITTEE (OSC): WAYS OF WORKING 9 - 32

Report of the Monitoring Officer and Assistant Chief Executive (copy attached).

*Contact Officer: Matthew Wragg*

*Tel: 01273 293944*

*Ward Affected: All Wards*

### 7 SUSSEX COMMUNITY TRUST (SCT) CARE QUALITY COMMISSION INSPECTION 33 - 52

Presentation from Paula Head, Chief Executive, Sussex Community NHS Trust

## OVERVIEW & SCRUTINY COMMITTEE

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Date of Publication – 2 June 2015

**BRIGHTON & HOVE CITY COUNCIL**  
**OVERVIEW & SCRUTINY COMMITTEE**  
**2.00pm 23 MARCH 2015**  
**HOVE TOWN HALL COUNCIL CHAMBER**  
**MINUTES**

**Present:** Councillor Mitchell (Chair)

**Also in attendance:** Councillor Janio (Deputy Chair), Brown, K Norman, Wilson, Bowden, Hawtree, Powell and Davey

**PART ONE**

**49 SUBSTITUTES AND DECLARATIONS OF INTEREST**

- 49.1 There were no substitutions or declarations of interest and the press & public were not excluded from the meeting.
- 49.2 Cllr Summers sent her apologies for this meeting.

**50 MINUTES**

- 50.1 RESOLVED** – That the draft minutes of the meeting of 27 January 2015 be approved as an accurate record.

**51 CHAIRS COMMUNICATIONS**

- 51.1 Cllr Janio stated that, since the Conservatives were the official opposition, and also because they presented an alternative view from the left-wing consensus that pervades the Labour and Green groups, a Conservative member should have been chairing OSC. This notwithstanding, Cllr Mitchell should be thanked for her patient and even-handed chairing of the committee.

**52 PUBLIC INVOLVEMENT**

- 52.1 There were no items.

**53 MEMBER INVOLVEMENT**

- 53.1 There were no items.

**54 REPORT OF THE SCRUTINY PANEL ON THE PRIVATE RENTED SECTOR**

- 54.1 This item was introduced by Giles Rossington, the Acting Head of Scrutiny, who informed members that the panel had been established in response to a request from CAB. The panel was chaired by Professor Darren Smith of Loughborough University, and its other members were Cllr Chaun Wilson and Cllr Phelim Mac Cafferty.
- 54.2 Cllr Wilson thanked everyone who had spoken to the panel. This was a huge issue, and it was unfortunate that the panel had to operate in a very restricted time-frame. It was also important that ‘scrutiny’ of the private housing sector was maintained: the sector is changing rapidly at the same time as its influence is growing.
- 54.3 Cllr Mitchell commended the “brilliant” report, noting that its findings had worrying implications for the city going forward.
- 54.4 **RESOLVED** – that the scrutiny panel report on Private Sector Housing be endorsed and referred to the relevant policy committee(s) for consideration.

## 55 UPDATE ON SHORT TERM LETS SCRUTINY PANEL

- 55.1 This item was introduced by the Acting Head of Scrutiny.
- 55.2 Cllr Bowden noted that, although it was stated that there was no record from Environmental Health of recent complaints about ‘party houses’, this should not necessarily be taken to imply that residents were not complaining about them. They could, for example, be complaining directly to the Short Term Holiday Lets Trade Association. Cllr Bowden was personally aware of at least one serious ongoing problem with a party houses operator.
- 55.3 Cllr Mitchell agreed, noting that when there had been problems with a party house in her ward, the route of complaints had been to the council’s Planning team rather than to Environmental Health.
- 55.4 **RESOLVED** – that the report be noted and a further monitoring report be considered at a later meeting.

## 56 FUTURE OVERVIEW & SCRUTINY ARRANGEMENTS

- 56.1 This item was introduced by the Acting Head of Scrutiny, who explained that under future arrangements there would be one Overview & Scrutiny committee (OSC). This committee would discharge the council’s statutory scrutiny obligations, mainly in terms of health scrutiny; and would also monitor the implementation of previously agreed scrutiny panel recommendations. A programme of cross-party member-led task & finish reviews would continue, but these would principally be supported by officers from the relevant directorates rather than by an independent Scrutiny team. The OSC would have some role to play in co-ordinating this task & finish review work programme, although reviews would originate from the council’s policy committees.
- 56.2 **RESOLVED** – that the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of





**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 25 MARCH 2015**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Rufus (Chair)

**Also in attendance:** Councillor C Theobald (Deputy Chair), Bennett, Bowden, Marsh, Meadows and Sykes

**Other Members present:** Co-optees from Healthwatch and the Youth Council.

**PART ONE**

**30 PROCEDURAL BUSINESS**

- 30a There were no declarations of substitutes.
- 30b There were no declarations of interest.
- 30c There were no declarations of party whip.
- 30d There was no exclusion of press and public.

**31 MINUTES OF PREVIOUS MEETING**

- 31.1 The minutes of the previous meeting were agreed, with the addition of one comment from Councillor Theobald about healthchecks.

**32 CHAIR'S COMMUNICATIONS**

- 32.1 There were apologies from Councillor Graham Cox and from the Older People's Council representative Colin Vincent.
- 32.2 This was the last Health & Wellbeing Overview & Scrutiny Committee; the Chair thanked all of the present and past members, co-optees, partner organisations and officers for their contributions and involvement in the committee's work. The Deputy Chair also thanked the Chair for all that he had done.

The Chair said that HWOSC had covered a huge range of subjects over the last four years and these would continue to be overseen in the new scrutiny structures that were coming in after the election.

- 32.3 The Chair also reminded all members and co-optees about the meeting with the Care Quality Commission and Brighton and Sussex University Hospitals Trust on 15 April.

### 33 UPDATE ON HOMELESS HEALTHCARE

- 33.1 Alistair Hill, Consultant in Public Health, Sue Forrest, Project Manager, Homelessness, Better Care and Dr Tim Worthley, GP from Morley Street, spoke to members about homeless healthcare.

- 33.2 The update had been requested following a scrutiny panel looking at homelessness, which had developed a homeless healthcare workstream. This was part of the Better Care Fund work focussing on the local frail population, which includes homeless people particularly the single homeless population.

Dr Hill gave some context about the homeless situation locally, and some of the healthcare models that had been put into place to try and address a high level of need. Brighton and Hove is very lucky to have a dedicated homeless GP practice at Morley St.

The team have involved service users as much as possible in designing services so that they are user friendly and person-centred.

- 33.3 Members asked questions and commented on the paper:

- Is the funding sufficient to provide the service needed? Dr Hill said that the homeless services were being set up to deal with other gaps in the support system, but they were focussing on prevention where possible.
- What different client groups make up the homeless population? Dr Worthley said that Morley St Practice had approximately 1200 people on their books, all who were in some state of homelessness. There was a minority of ex-forces personnel. There was a very high percentage of ex-offenders – Dr Worthley felt that for a lot of people, offending was part of the homeless journey as you may well have to commit an offence in order to survive. GPs are unable to access medical records from prison so the GP has to start medical notes from the beginning. There have been many attempts to address this with the local prison but more efforts will be made. Sharing information is a national issue. Dr Worthley said that he also deals with one or two new bail hostel residents every day. They have a lot of support in the early weeks to minimise re-offending rates, and then they are moved on, so they take a lot of resource.
- Members asked how services worked together- Dr Worthley said that he worked very closely with BHT and Equinox, he received 20-30 emails daily asking for GP support or involvement. They also have weekly meetings with clinicians in hospital who work with homeless clients. Brighton is the first city outside of London to have a Pathway team working in this way. The Pathway Plus team work to support people into temporary accommodation and attend health appointments. This has had huge benefits in reducing A&E callouts.

- Members asked for clarification on rough sleeper figures; Ms Forrest said there were two different ways of assessing figures, the rough sleepers' count in November where people go out and physically count people who are rough sleeping – but this may not be the most accurate way of gauging levels; it found 40 people rough sleeping last November. The second way is an estimated level, which is carried out by agencies in the city working with rough sleeper. This estimated 136 rough sleepers, 17% were female.
- Members asked about the average age of death for the local homeless population. Dr Worthley said that local ages were in line with national averages, ranging between 44 and 48 years of age. There had been 50 deaths out of approximately 1200 people in three years that he was aware of.
- Members asked about service user involvement- they heard that there was a group of 15 service users who had formed a group which was used to provide feedback to providers about proposals for new services.
- What changes were due to be made first? Dr Hill said that one example of a change that had already been made was the expansion of the Sussex Community Trust Team from two to five clinicians, plus a link worker. This would be co-located with Morley Street. They were taking opportunities as they arise.
- Were there different support services for ex-offenders? Dr Worthley said some people pass through homeless services very quickly, particularly if they have good support networks or are able to navigate the services available. For others who do not find it so easy to move on, hostels have effectively become wards in the community with residents with complex multiple needs. Until the resident has their physical/ mental health needs addressed, they will find it very difficult to move on.

33.4 The Chair thanked all of the officers for presenting the information and for all of the services that they have put in place. It is of huge interest to everyone and it is great to see the work that is underway across the city.

### **34 UPDATE ON MENTAL HEALTH SERVICE PROVISION IN BRIGHTON & HOVE**

34.1 John Child, Service Director, Sussex Partnership NHS Foundation Trust, and Geraldine Hoban, Chief Executive, Clinical Commissioning Group, Brighton & Hove, spoke to the HWOSC members about mental health service provision in Brighton and Hove, providing an update on the paper that had come to HWOSC in September 2014.

Members heard that demand for services remained high, male beds being particularly in demand.

34.2 Members commented and asked questions about the service and report.

34.3 Members said that they were aware that there had been a 'step down' service previously, for people who needed some support but were no longer in need of acute care, but that this service had been closed.

Mr Child explained that the Intermediate Care beds in Hanover Crescent had been closed to new admissions following a CQC inspection which had found a number of issues that had to be addressed. SPFT was looking at how to re-provide this service and re-deploy the staff.

34.4 Members queried performance against the original target to accommodate 95% of patients in beds locally; this had only been achieved once since 2011, despite the extra investment in services. Mr Child said that the performance measures had to be seen in context, with evidence of much higher and more complex demand.

Ms Hoban commented that nationally there had been an increasing demand for beds. It should also be remembered that before the ward was closed, SPFT was still not reaching the 95% target despite having more bed capacity. However SPFT had now re-allocated the resources that were previously spent on the ward, meaning that the community services were improved.

Ms Hoban said that in 2011, an independent review of mental health services had shown that Brighton and Hove had had a bed-based model of mental health service, often with long stays. It was necessary to change the whole system and invest money differently to provide a preventative model.

Members also asked how many days patients spent in placements outside the county. Mr Child said it was very hard to quantify as figures fluctuated day by day depending on need. For example, there is no female psychiatric intensive care provision in Sussex, so anyone who needed this type of provision would have to be placed somewhere else.

34.5 Ms Hoban said that the mental health services discussed in this report were just part of the picture of national and regional mental health service provision.

34.6 The report was noted and Ms Hoban and Mr Child thanked for their attendance and presentation. He thanked both the CCG and SPFT for their willingness to attend HWOSC and speak so openly about matters over the years that HWOSC had been scrutinising mental health service provision.

The Chair of HWOSC commented that it was clear that there were increasing pressures on resources and HWOSC members appreciated the re-investment of money to provide better services. There was a certain level of disappointment that it had not been possible for the service to achieve its 95% target of in-county bed provision.

The Chair said that HWOSC members and colleagues had spent considerable time considering the issue of the ward closure and they would like future scrutiny committee members to keep reviewing the service provision. This was agreed by HWOSC members and by the CCG and SPFT.

The meeting concluded at 5.30

Signed

Chair

Dated this

day of

<b>Subject:</b>	<b>Overview &amp; Scrutiny Committee (OSC) Terms of Reference and Work Plan</b>		
<b>Date of Meeting:</b>	<b>10 June 2015</b>		
<b>Report of:</b>	<b>Monitoring Officer and Assistant Chief Executive</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Matthew Wragg</b>	<b>Tel: 29-3944</b>
	<b>Email:</b>	<b>matthew.wragg@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 At the March 2015 Full Council meeting, members agreed to amend the council's constitution with regard to Overview & Scrutiny (O&S) functions, creating a new Overview & Scrutiny Committee (OSC) to discharge a limited number of responsibilities in the coming municipal year. (An extract from the Full Council report is included as **Appendix 1** to this report.)
- 1.2 This report details these new responsibilities and includes the OSC terms of reference in **Appendix 2**. It also outlines the officer resources and arrangements available to deliver the O&S function (O&S funding was reduced in the council's budget 2015/16).
- 1.3 **Appendix 3** to this report contains the draft OSC work plan for 2015/16 which largely consists of commitments inherited from the former Overview & Scrutiny (OSC) and Health & Wellbeing Overview & Scrutiny (HWOSC) Committees.

**2. RECOMMENDATIONS:**

- 2.1 That the Committee's terms of reference, as set out in **Appendix 2** to this report, be noted; and
- 2.2 That the establishment of an Urgency Sub-Committee consisting of the Chair of the Committee and two other Members (nominated in accordance with the scheme for the allocation of seats for committees, one from each of the other Groups), to exercise its powers in relation to matters of urgency, on which it is necessary to make a decision before the next ordinary meeting of the Committee be approved.
- 2.3 That Committee appoint non-voting co-opted members from the Older People's Council, the Youth Council and Healthwatch, as referred to in para. 7.1 **Appendix 2** (terms of reference).
- 2.4 That Committee members consider current resources and arrangements in place for O&S; and

- 2.5 Agree the draft work plan (**Appendix 3**) as the basis for the 2015/16 annual OSC work plan.

### **3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Article 6 of the constitution, incorporates a schedule of all the Committees/Sub-Committees established in the new constitution together with a summary of their respective functions.

#### **The Overview & Scrutiny Committee (OSC) Terms of Reference**

- 3.2 A copy of the terms of reference for the OSC committee is attached in **Appendix 2**. These should be read in the context of the 'Introduction and General Delegations' included in the Scheme of Delegations to Committees and Sub-Committees at part 4 of the constitution.

#### **Membership**

- 3.3 The membership of the committee is set at 10 Members of the council.
- 3.4 The arrangements for substitute Members to attend meetings of Committees/Sub-Committees are as set out in the Council Procedure Rules 18 to 24.
- 3.5 Three non-voting co-optees sat on HWOSC to provide external perspective and contribution from their respective bodies, one from each of the following; Older People's Council, the Youth Council and Healthwatch. These appointments will continue under new OSC arrangements and are included at para. 7.1 of the terms of reference. The individuals representing these bodies will be agreed at this meeting under recommendation 2.3 of this report.

#### **Programme of Meetings**

- 3.6 Ordinary meetings of the Overview & Scrutiny Committee are scheduled to take place on the following dates during 2015/16:
- Wednesday 10 June 2015
  - Wednesday 22 July 2015
  - Wednesday 9 September 2015
  - Wednesday 25 November 2015
  - Wednesday 3 February 2016
  - Wednesday 23 March 2016
- 3.7 Meetings of the Committee will normally be held at Hove Town Hall and will start at 4.00 p.m. For the 2015/16 municipal year, meetings will be held in Portslade Town Hall at 4.00pm due to renovation work at Hove Town Hall.

#### **Urgency Sub-Committee**

- 3.8 The Constitution states that each Committee of the Council except the Audit & Standards Committee may appoint an Urgency Sub-Committee to exercise its

powers. The membership of such Urgency Sub-Committee shall consist of the Chair of the Committee, and two other Members nominated by the Group Leader or Leaders as appropriate to meet the requirements for the allocation of seats between political groups. Under current allocations this would mean an urgency sub-committee will consist of one Member from each of the three political groups on the Council.

- 3.9 Such Urgency Sub-Committees may exercise their powers in relation to matters of urgency on which it is necessary to make a decision before the next ordinary meeting of the Committee. Every decision of each Urgency Sub-Committee shall be reported for information to the next ordinary meeting of the Committee as appropriate.

### **Background to Overview & Scrutiny and new arrangements for the Committee Work Plan**

- 3.10 Overview & Scrutiny (O&S) was introduced into local government in 2000 as part of a move from committees to an 'executive' (e.g. Leader & Cabinet) form of governance. Under an executive governance system, most major council decisions are taken by the council's Leader or by a small group of portfolio holders who make up the council's Cabinet. O&S was intended to provide balance by involving back-bench members of all political groups in policy development and in holding decision-makers to account for the performance of council services (and in subsequent years that of other public sector bodies, particularly local NHS Trusts). In Brighton & Hove, six O&S committees were established to shadow Cabinet portfolios, and a programme of member-led task & finish groups (scrutiny panels) was developed to examine specific issues in depth.
- 3.11 The Localism Act (2012) enabled local authorities to adopt alternative forms of governance, and in 2013 Brighton & Hove City Council chose to move to a committee system but retaining aspects of the arrangements under an executive system, such as the forward plan. Under this system, most major council decisions are taken by cross-party groups of members at policy committees. In consequence there is no obvious requirement for these decisions to be scrutinised by other cross-party groups, and hence less of a pressing need for an O&S service to support decision-making. However, some statutory O&S functions, particularly those relating to NHS scrutiny, still need to be discharged irrespective of the type of governance system a council has in place.
- 3.12 Following the move to a committee system it was initially decided to reduce the number of O&S committees to two, with HWOSC concentrating on statutory NHS scrutiny, and OSC on scrutiny of council services. In general, O&S activity was re-focused on themed task & finish scrutiny panels rather than on committee work. This panel programme was particularly successful, winning several national awards as well as being valued by members and by key city partners.
- 3.13 As part of the council's 2015-16 budget plans it was agreed to reduce the O&S budget, with future O&S support to be principally provided by the council's Policy Development team. In a subsequent report to March 2015 Full Council, it was agreed that the O&S function should be further rationalised to reflect both the reduced resources and the fact that the council's policy committees already

provide robust cross-party ‘scrutiny’ of council decision-making. (An extract from the Full Council report is included as **Appendix 2** to this report.)

- 3.14 In summary, it was agreed that there should in future be only one O&S committee (OSC). The OSC will discharge the council’s statutory responsibilities in terms of NHS scrutiny, crime & disorder, and flood risk. The OSC will also monitor the implementation of previously agreed scrutiny panel recommendations. In the future task & finish panels will be established by, and report to, the relevant policy committees. Where there are cross-cutting themes that straddle across committee functional areas, the OSC will have the role of co-ordinating these.
- 3.15 Officer support for these panels will principally be provided by the relevant council directorates. The Policy Development team will provide advice to directorates to support this ‘policy panel’ work, and may itself directly support policy panels that are cross-cutting or that are focused on corporate-critical issues. This work will be very limited as the team does not currently have the resources to directly support a comprehensive panel programme. The OSC will have a role in monitoring the implementation of agreed policy panel recommendations, and in co-ordinating the policy panel programme, particularly if there is significant member demand for policy panels. (See **Appendix 3** for more details of the new OSC work plan.)
- 3.16 **NHS Scrutiny.** Statutory health scrutiny powers consist of a general ability to hold local NHS commissioners and providers to account for any NHS-funded health services accessed by local residents. In addition, NHS bodies are required to alert local OSCs when planning to make significant service changes locally. Should an OSC consider that such plans constitute a ‘substantial variation’ in services, then the relevant NHS bodies are obliged to formally consult the OSC and to take into account and respond to OSC recommendations on the matter. (If plans impact on two or more local authority areas, and if the OSCs in those areas wish to be consulted with, then it would be necessary to form a formal joint Health OSC for all the affected areas.) Should the OSC have significant concerns that the planned changes may be detrimental to the health of local people or have been subject to insufficient consultation, and be unable to reach agreement with the relevant NHS bodies with regard to these concerns, then the OSC may ask Full Council to refer the matter to the Secretary of State for Health for decision.
- 3.17 **Crime & Disorder Scrutiny.** Where local authorities have O&S committees, members have the statutory ability to refer crime & disorder issues for scrutiny. This is not a power that BHCC members have used to date.
- 3.18 **Flood Risk Scrutiny.** Where local authorities have O&S committees, members have the statutory ability to refer flood risk issues for scrutiny. This is not a power that BHCC members have used to date.
- 3.19 **Monitoring of Scrutiny Panel recommendations.** In recent years O&S members have undertaken ‘scrutiny panel’ task & finish reviews on a wide range of issues including: the Seafront Infrastructure, Private Sector Housing, Services for Children with Autism, Short Term Holiday Lets (Party Houses), Trans Equalities, and Bullying in Schools. Typically, a scrutiny panel will issue a report



with recommendations for the council and/or other public sector bodies. Where these recommendations have been accepted, their implementation has historically been monitored on an annual or biannual basis by the relevant O&S committee. Full implementation of agreed scrutiny panel recommendations can take several years, so monitoring can be a lengthy process. In future all outstanding scrutiny panel monitoring will be undertaken by OSC, which will in addition monitor the implementation of agreed recommendations coming from the new policy panels.

- 3.20 **Call-In.** OSC will continue to manage the council's call-in procedures.
- 3.21 **Remit and Resources.** The OSC is not restricted to the above duties: in theory members can examine any issue they wish to. However, in practice the new O&S function has been allocated only limited resources, the majority of which will be required to support statutory health scrutiny responsibilities. It is unclear how functions in addition to those outlined above could be supported within the current resource envelope. In particular, there is very little capacity for the Policy Development team to directly support themed task & finish 'policy panels'. It has been agreed that these panels will be principally supported by the most relevant council directorates.
- 3.22 **OSC Work Plan.** Attached as **Appendix 3** to this report is a draft OSC work plan for 2015/16. Included in this draft plan are annual monitoring reports for the implementation of all outstanding scrutiny panel recommendations. Also included are 'legacy' health scrutiny issues – typically either reports-back on major recent initiatives such as the re-procurement of the local contract for musculoskeletal services (MSK); ongoing monitoring of the medium term impact of recent NHS actions such as the closure of some city acute mental health beds; or items which focus on multi-year projects such as the '3T' development of the Royal Sussex County hospital as a regional trauma hub, specialist (tertiary) care centre, and teaching hospital. In addition to the health-related items on the draft work plan, it is likely that our local NHS partners may choose to refer additional issues to OSC in-year. The draft work plan as it relates to health issues has been shared with and informed by Brighton & Hove Clinical Commissioning Group, Brighton & Sussex University Hospitals Trust, Sussex Partnership NHS Foundation Trust, and Sussex Community NHS Trust. This is not intended as a definitive work plan and members are free to include additional items, subject to member and officer resources.

#### 4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The council's constitution provides for the appointment of the sub-committees and urgency sub-committees and it is for the Committee to determine this action and it could decide not to make such appointments. However, this would be contrary to the wishes of the council and is not therefore regarded as a viable alternative option.
- 4.2 The information provided above on OSC resources and arrangements is for information rather than decision. Members are asked to approve draft work plan items (**Appendix 3**) as the basis for the annual OSC work plan. Members are not bound to agree to include any of the listed NHS issues in their work plan,

although it should be noted that all of these items represent either legacy issues from OSC and HWOSC or issues referred by our NHS partners.

- 4.3 The OSC is responsible for monitoring outstanding agreed scrutiny panel recommendations, so members will need to timetable in monitoring reports as suggested in **Appendix 3** at some point in the municipal year, although the timings suggested could be altered.

## **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 All Members considered and approved the constitution and the changes therein at the meeting of Full Council on 26 March 2015.
- 5.2 NHS-related work plan items have been discussed and agreed with the NHS bodies concerned.

## **6. CONCLUSION**

- 6.1 The recommendations are being put forward in line with the requirements of the constitution.
- 6.2 This report presents information on future OSC ways of working and asks members to approve legacy issues for the current OSC work plan.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 The costs of establishing and running the Urgency Sub-Committees are expected to be met within existing levels of resources. The cost of holding the committee meetings at Portslade Town Hall have been included in the overall Workyles Programme for the move to Hove Town Hall and will be reported to the Policy & Resources Committee at a later date.
- 7.2 The OSC work plan will need to be monitored closely to ensure that the scrutiny function operates within the reduced resources available.

*Finance Officer Consulted: Mike Bentley*

*Date: 28/05/15*

### Legal Implications:

- 7.3 The Council's constitution complies with the legal framework set out in the Localism Act 2011, the Local Government Act 2000 and other relevant legislation.
- 7.4 There terms of reference for the OSC and new arrangements will enable the council to discharge its legal duties regarding scrutiny. It is anticipated that, given the cross-party committees, there will not be significant scrutiny activity other than health. The work plan needs to be monitored regularly to ensure the scrutiny function operates within the available resources.

*Lawyer Consulted:*

*Abraham Ghebre-Ghiorghis*

*Date: 21/05/2015*

Equalities Implications:

- 7.5 None directly, although a number of legacy work plan issues focus on particular protected groups (e.g. monitoring reports on scrutiny panels on Trans Equalities, Services for Children with Autism etc.).

Sustainability Implications:

- 7.6 None directly, although some legacy work plan issues may be relevant.

Public Health Implications:

- 7.7 None directly, although some legacy work plan issues may be relevant.

Any Other Significant Implications:

- 7.8 None

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Extract from constitutional amendment report (March 2015 Full Council)
2. The Overview & Scrutiny Committee (OSC) Terms of Reference
3. Draft OSC Work Plan 2015/16

**Documents in Members' Rooms**

None

**Background Documents**

None



**BRIGHTON & HOVE CITY COUNCIL**

**COUNCIL**

**4.30pm 26 MARCH 2015**

**COUNCIL CHAMBER, BRIGHTON TOWN HALL**

**MINUTES**

**Present:** Councillors Fitch (Chair), Barnett, Bennett, Bowden, Brown, Buckley, Carden, Cobb (Deputy Chair), Cox, Daniel, Davey, Deane, Duncan, Farrow, Gilbey, Hamilton, Hawtree, Hyde, Janio, Jarrett, A Kitcat, J Kitcat, Lepper, Littman, Mac Cafferty, Marsh, Meadows, Mears, Mitchell, Morgan, A Norman, K Norman, Peltzer Dunn, Phillips, Pissaridou, Powell, Randall, Robins, Rufus, Shanks, Simson, Smith, Summers, Sykes, C Theobald, G Theobald, Wakefield, Wealls, Wells, West and Wilson

**PART ONE**

**80 REVIEW OF THE CONSTITUTION - MARCH 2015**

- 80.1 Councillor Littman introduced the report which outlined the proposed changes to the constitution and delegations to officers following a review by the Constitution Working Group. He stated that he wished to thank the Members of the Working Group and the officers involved in supporting it for their hard work and advice. He noted that the proposed changes had not gone as far as they could have and that further work would be required but in the meantime recommended the report to the council.
- 80.2 Councillor Mears noted the report and the changes in respect of the Health & Wellbeing Board and the remit of the Housing Committee and sought clarification with regard to the delegated functions for these bodies.
- 80.3 Councillor Duncan stated that the way in which the council worked and operated was very important and yet the report did not really go that far. He noted that there had been an extra budget meeting which had been foreseen and should not have been required if action had been taken to resolve matters earlier. He suggested that powers could be dissolved to a neighbourhood level and a review of how councillors worked and the number of councillors could have been and needed to be undertaken. Such changes would have an impact and would hopefully encourage greater participation in the democratic process.

- 80.4 Councillor Peltzer Dunn stated that the Working Group had looked at a number of aspects affecting the constitution and he wished to pay tribute to his two colleagues and to the work of the officers. There was a need to continue the work and he hoped this would follow the elections in May but in the meantime the proposals put forward were appropriate and he hoped would be supported.
- 80.5 The Mayor noted that the recommendations had been moved and put them to the vote which was carried.
- 80.6 **RESOLVED:**
- (1) That the proposed changes to the Council's constitution recommended in paragraphs 3.4 to 3.6 and appendix 1 of the report, relating to Overview & Scrutiny arrangements and policy panels be approved;
  - (2) That the Chief Executive and Monitoring Officer be authorised to take all steps necessary or incidental to the implementation of the changes agreed by the Policy & Resources Committee and Council; and
  - (3) That the Monitoring Officer be authorised to amend and re-publish the Council's constitutional documents to incorporate the changes.

The meeting concluded at 10.20pm

Signed

Chair

Dated this

day of

**PART 5 BRIGHTON & HOVE CITY COUNCIL**

**OVERVIEW & SCRUTINY COMMITTEE**

**TERMS OF REFERENCE AND PROCEDURE RULES**

**1. Arrangements for Scrutiny**

- 1.1 The Council will appoint an Overview & Scrutiny Committee to perform the statutory Overview & Scrutiny functions in relation to health, crime and disorder and flood risk. The Committee will also:-
- have the power to undertake wider Overview & Scrutiny work;
  - oversee and co-ordinate the work of policy panels commissioned by policy committees;
  - monitor the implementation of outstanding scrutiny recommendations; and
  - administer the call-in procedure for the Council through an urgency sub-committee.

**2. Terms of Reference of the Overview & Scrutiny Committee**

- 2.1 To exercise powers with regard to the scrutiny of health services pursuant to the National Health Service Act 2006 and in particular:-
- To scrutinise matters relating to the planning, provision and operation of the health service in the Authority's area and contribute to the development of policy and services to improve health and reduce health inequalities;
  - To comment on proposals for a substantial development or variation in the provision of the health service in the Authority's area in accordance with the requirements of the National Health Service Act 2006 and associated Regulations;
  - To review and scrutinise the impact of the Authority's own services and of key partnerships on the health of its population;
  - To encourage the Council as a whole to take into account the implications of their policies and activities on health and health inequalities;
  - To make reports and recommendations to the National Health Service, the Council, the committees and sub-committees, and to other relevant bodies and individuals;
  - To monitor and review the outcomes of its recommendations.

In all of the above, to liaise with other bodies that represent patients' views in order to seek and take account of the views of the local populations.

- 2.2 To undertake the scrutiny of flood and coastal erosion plans as required by the Localism Act 2011;
- 2.3 To be the designated Crime and Disorder Committee as required under the Police and Justice Act 2006;
- 2.4 To review and scrutinise matters, decisions and service provision relating to Council functions and services not covered by paragraphs 2.1-2.3 above;
- 2.5 To monitor the outcome of Overview & Scrutiny recommendations;
- 2.6 To have the power to establish an urgency sub-committee to administer the call in of policy committee decisions in accordance with these Overview & Scrutiny Committee Terms of Reference and Procedure Rules.

### **3. Functions of the Overview & Scrutiny Committee**

- 3.1 The Overview & Scrutiny Committee will:
  - a) Approve a scrutiny and review work programme, to ensure that there is efficient use of resources and that the potential for duplication of effort is minimised;
  - b) Receive consultations for comment from an NHS body or relevant NHS service provider pursuant to the NHS Act 2006 and associated Regulations;
  - c) Receive requests from Councillors and partner organisations, and suggestions from officers of the council, for particular topics to be scrutinised and determine the appropriate action;
  - d) Have the power to call-in and review policy committee decisions, or key decisions made by an officer with delegated authority, as set out in the these Rules;
  - e) Oversee the work and monitor the recommendations of Policy Panels commissioned by policy committees to undertake time limited policy reviews;
  - f) Co-ordinate training and development arrangements for Overview & Scrutiny Committee members and co-optees;
  - g) Monitor and review the outcomes of Overview & Scrutiny recommendations.



- h) Ensure that the communities of Brighton & Hove and specific users of services are able to be involved in and inform the work of the committee.
- i) Appoint an Urgency Sub-Committee as necessary to exercise its powers. The Membership of such Urgency Sub-Committee shall consist of the Chair of the Committee and two other Members nominated by Leaders, to meet the requirements for the allocation of seats between political groups. Such Urgency Sub-Committee may exercise its powers in relation to matters of urgency on which it is necessary to make a decision before the next ordinary meeting of the Committee. Every decision of the Urgency Sub-Committee shall be reported for information to the next ordinary meeting of the Committee as appropriate.

#### **4. Policy Panels**

- 4.1 Any Policy Committee may appoint Policy Panels to carry out short, sharply focused pieces of policy review and development work. They may go on site visits, conduct public surveys, hold public meetings, commission research and do all other things that they reasonably consider necessary to inform their deliberations. They may ask witnesses to attend to address them on any matter under consideration.
- 4.2 All proposals to establish Policy Panels will be discussed at an Informal Chairs' Meeting to assist in managing the available resources and to identify cross-cutting issues. Where cross-cutting issues are identified, these will be referred to the Overview & Scrutiny Committee, or Overview & Scrutiny Urgency Sub-Committee, to agree the best approach with a view to avoiding duplication and ensuring an effective use of Policy Panel resources.
- 4.3 Policy Panels will not have Sub-Committee status and the political balance rules in section 15 of the Local Government and Housing Act 1989 will not apply, but they will normally be established on a cross-party basis. The Policy Panel will report to the Policy Committee that commissioned its work and will also provide a copy of their report to the Overview & Scrutiny Committee. The Overview & Scrutiny Committee will monitor the implementation of recommendations of Policy Panels.
- 4.4 Membership of the Policy Panels will be sought from the political groups, taking into account the expertise and experience of available Members. Co-optees may be appointed to the Policy Panels as set out at paragraph 7 below.
- 4.5 There should not normally be provision for substitute Members to attend meetings of Policy Panels.

- 4.6 The relevant Policy Committee shall ensure that the number of Policy Panels commissioned does not exceed the capacity of the Member and Officer resources available to support their work.
- 4.7 In considering whether or not any matter should be agreed for a Policy Panel, the relevant Policy Committee will have regard to:
- The importance of the matter raised and the extent to which it relates to the achievement of the Council's strategic priorities, the implementation of its policies or other key issues affecting the well being of the City or its communities;
  - The potential benefits of a review especially in terms of possible improvements to future policies and procedures and/or the quality of Council services;
  - The proposed Overview & Scrutiny approach (a brief synopsis) and resources required,
  - The resources available to support the work as set out at paragraph 4.5 above.

## **6. Membership of the Overview & Scrutiny Committee**

- 6.1.1 Membership of the Overview & Scrutiny Committee will reflect the political composition of the Council and be subject to section 15 of the Local Government and Housing Act 1989. No member of the Council's Health and Wellbeing Board may be a member of the Overview & Scrutiny Committee. No Councillor may be involved in scrutinising a decision in which s/he has been directly involved.

## **7. Co-optees**

- 7.1 The Overview & Scrutiny Committee will include non voting co-opted members from the Older People's Council, the Youth Council and LINK/Healthwatch.
- 7.2 The relevant Policy Committee may agree the appointment of non voting co-optees for each Policy Panel. In appointing co-opted Members to Policy Panels, regard will be given to both the expertise of the individual and the representative nature of the position.

## **8. Meetings of the Overview & Scrutiny Committee**

- 8.1 The Overview & Scrutiny Committee will meet six times per annum. In addition, an extraordinary meeting may be called by the Chair or the Chief Executive at any time if they consider it necessary or desirable.
- 8.2 Policy Panels shall meet as many times as necessary to successfully carry out their investigations, they shall however be time limited in nature.

## **9. Quorum**

- 9.1 The quorum for Overview & Scrutiny Committee meetings shall be as set out for committees and sub-committees in the Council Procedure Rules in Part 3 of this Constitution.

## **10. Chair of Overview & Scrutiny Committee and Policy Panels**

- 10.1 The Council will appoint the Chair of the Overview & Scrutiny Committee.
- 10.2 The relevant Policy Committee will appoint the Chair of any Policy Panels it establishes.
- 10.3 If the relevant Policy Committee fails to appoint a Chair, the Policy Panel will make the appointment at its first meeting.

## **11. Work programme**

- 11.1 The Overview & Scrutiny Committee will be responsible for setting its own work programme.

## **12. Agenda items**

- 12.1 Agenda items shall be set by the Overview & Scrutiny Committee identifying issues which they wish to consider.
- 12.2 Any Member of the Council may notify Democratic Services that s/he wishes an item relevant to the functions of the Overview & Scrutiny Committee to be included on the agenda for the next available meeting of the Committee.

## **13. Submission of reports from Overview & Scrutiny Committee**

- 13.1 Once it has formed recommendations on any matter, the Overview & Scrutiny Committee will prepare a formal report and submit it to the Chief Executive of the Council or relevant organisation for consideration at the relevant decision-making body.
- 13.2 If the Overview & Scrutiny Committee cannot agree on one single final report then up to one minority report may be prepared and submitted for consideration by the relevant Policy Committee meeting with the majority report.
- 13.3 The relevant Policy Committee shall consider the report within eight weeks of it being submitted to the Chief Executive or at its next scheduled meeting, whichever is the later, and shall prepare a response to the recommendations detailing whether each recommendation is agreed or not agreed.

13.4 The Chair of the Overview & Scrutiny Committee shall be invited to the Committee meeting at which the report is considered. .

#### **14. Councillor Call for Action**

14.1 The “Councillor Call for Action” (CCfA) as set out in Section 119 of the Local Government and Public Involvement in Health Act 2007 and amended by the Localism Act 2011 enables any member of the council to refer to an Overview & Scrutiny committee any local issue which directly affects their ward.

14.2 A CCfA should only be raised where other means of resolving the matter have been exhausted. Any Member of the Council may raise a CCfA, which should be sent to the Democratic Services. In seeking to raise a CCfA a Councillor needs to:

- State why they consider the issue should be looked at by the Overview & Scrutiny Committee;
- Give a brief synopsis of what the main areas of concern are;
- Supply evidence in support of the CCfA;
- Indicate areas or groups affected by the CCfA;
- Summarise mediation and attempts at resolution undertaken;
- Indicate deadlines associated with the CCfA of which the Health Scrutiny Committee needs to be aware.

14.3 Upon receipt of a CCfA, the Overview & Scrutiny Committee, or Overview & Scrutiny Urgency Sub-Committee if the matter is urgent, will use the following criteria to decide whether or not to take the matter further:

- Is the committee satisfied that all reasonable attempts have been made to resolve the issue by the ward councillor? Do the responses received by the referring councillor demonstrate that the matter is not being progressed?
- Has the committee considered a similar issue recently – if yes, have the circumstances or evidence changed?
- Is there a similar or related issue which is the subject of a review on the current work programme? It may be more appropriate to link the new issue to an existing review, rather than hold a separate CCfA hearing.
- Relevant time pressures on resolving the CCfA should be taken into account.
- Have all relevant service areas or partner organisations been informed and been given enough time to resolve the issue? What response has the councillor received?
- Does the matter referred have the potential for recommendations which could realistically be implemented and lead to improvements for anyone living or working in the referring member’s ward?

- Is the matter an excluded matter, as set out in paragraph 14.9 of these Rules.
- 14.4 In considering the CCfA, the Overview & Scrutiny Committee will invite the relevant Members and officers to discuss the issue and answer any questions, if the committee considers this relevant.
- 14.5 If the committee decides not to accept the CCfA referral it must inform the Councillor and provide reasons. If the committee decides to accept the CCfA referral, it must decide how it intends to take the matter forward and include the CCfA in its work programme.
- 14.6 The Overview & Scrutiny Committee, in considering a CCfA, may undertake any of the activities as outlined in the Overview & Scrutiny Committee Terms of Reference and Procedure Rules.
- 14.7 The power to refer a matter is available only where the matter is of direct concern to the ward which the Councillor represents. A Councillor can refer a matter even if no citizen has asked him/her to consider it.
- 14.9 The following matters are excluded from referral as a CCfA:
- Individual complaints concerning personal grievances or commercial issues.
  - Any matter relating to an individual or entity where there is already a statutory right to a review or appeal (other than the right to complain to the Local Government Ombudsman), for example:
    - § Planning and licensing applications and appeals;
    - § Council Tax/Housing Benefits complaints and queries;
    - § Issues currently under dispute in a court of law.
  - Any matter which is vexatious, discriminatory or not reasonable to be included on the agenda for, or to be discussed at, a meeting of the Overview & Scrutiny Committee.

## **15. Call-in**

- 15.1 Call-in is a process by which the Overview & Scrutiny Committee can recommend that a decision made by a Policy Committee but not yet implemented be reconsidered by the body which made the decision, or recommend that the full Council consider whether that body should reconsider the decision.
- 15.2 Call-in does not provide for the Overview & Scrutiny Committee or the full Council to substitute its own decision, but merely to refer the matter back to the decision-maker. A decision maker can only be asked to reconsider any particular decision once.

- 15.3 Call-in should only be used in very exceptional circumstances – for example where Members have evidence that a decision was not taken in accordance with Article 11 of the constitution. Day to day management and operational decisions taken by officers may not be called-in.
- 15.4 Any decision made by a Policy Committee, or a key decision made by an officer under delegated powers, shall be published by means of a notice at the main offices of the Council (Kings House – room 131, Brighton Town Hall - reception, Hove Town Hall - reception) and where possible by electronic means, normally within 2 working days of being made. All Members will be sent, if possible by electronic means, copies of all such decision notices at the time of publication.
- 15.5 Any decision made by the Policy Committee, or a key decision made by an officer under delegated powers, may be called in up to five working days from the date of the meeting at which the decision was taken.
- 15.6 During this period, any five Members of the Council, from a minimum of two political groups, may request that a decision be called-in for Scrutiny.
- 15.7 Such a request shall be made in writing to the Chief Executive and shall include the reason(s) for the request and any alternative decision proposed. The Chief Executive may refuse to accept a request which in his/her opinion is frivolous, vexatious or defamatory, or where no reason is given.
- 15.8 If the Chief Executive accepts the request he/she shall call-in the decision. This shall have the effect of suspending the decision coming in force and the Chief Executive shall inform the decision maker e.g. Committee Members, or officer and the relevant Director of the call-in. The Chief Executive shall then call a meeting of the Overview & Scrutiny Urgency Sub-Committee to scrutinise the decision, where possible after consultation with the relevant Chair, and in any case within 7 working days of accepting the call-in request.
- 15.9 In deciding whether or not to refer a decision back, the Overview & Scrutiny Urgency Sub-Committee shall have regard to:
- any further information which may have become available since the decision was made
  - the implications of any delay; and
  - whether reconsideration is likely to result in a different decision.
  - The importance of the matter raised and the extent to which it relates to the achievement of the Council's strategic priorities,
  - Whether there is evidence that the decision-making rules in the constitution have been breached;
  - that the agreed consultation processes have not been followed;

- or that a decision or action proposed or taken is not in accordance with a policy agreed by the Council;
  - What other avenues may be available to deal with the issue and the extent to which the Councillor or body submitting the request has already tried to resolve the issue through these channels (e.g. a letter to the relevant Member, the complaints procedure, enquiry to the Chief Executive or Director, Council question etc.)
- 15.10 If, having scrutinised the decision, the Overview & Scrutiny Urgency Sub-Committee is still concerned about it, then it may refer it back to the decision making body for reconsideration, setting out in writing the nature of its concerns. If it considers the decision is contrary to the policy framework or budget agreed by the Council, the matter may be referred to the full Council to determine whether or not it should be referred back to the decision making body.
- 15.11 If the Overview & Scrutiny Urgency Sub-Committee does not meet within 7 working days of the Chief Executive accepting a call-in request, or does meet but does not refer the matter back to the decision making body or to the Council, the decision shall take effect on the date of the Overview & Scrutiny Urgency Sub-Committee meeting, or the expiry of the period of 7 working days from the call-in request being accepted, whichever is the earlier.
- 15.12 If the decision is referred back to the decision making body, that body shall then reconsider, either at its next programmed meeting or at a special meeting called for the purpose, whether to amend the decision or not before reaching a final decision and implementing it.
- 15.13 If the Overview & Scrutiny Urgency Sub-Committee refers the matter to full Council and the Council does not object to a decision which has been made, then no further action is necessary and the decision will be effective in accordance with the provision below. However, if the Council does object, the Council will refer any decision to which it objects back to the decision making body, together with the Council's views on the decision. In this case the decision making body shall consider, either at its next programmed meeting or at a special meeting convened for the purpose, whether to amend the decision or not before reaching a final decision and implementing it.
- 15.14 If the Council does not meet within two weeks of the matter being referred to it, or if it does meet but does not refer the decision back to the decision making body or person, the decision will become effective on the date of the Council meeting or expiry of that two week period, whichever is the earlier.

## **16. Call-in and urgency**

- 16.1 The call-in procedure set out above shall not apply where the decision being taken is urgent. A decision will be urgent if any delay likely to be caused by the call-in process would seriously prejudice the Council's or the public's interests. The record of the decision, and notice by which it is made public, shall state if in the opinion of the decision making body the decision is an urgent one and subject to the agreement of the Chief Executive, or in his/her absence the officer acting for him, such a decision shall not be subject to call-in.
- 16.2 The Chief Executive or the Officer acting on his/her behalf shall consult the leaders of the Political Groups before agreeing to the exemption. Any decision to which the call-in process does not apply for reasons of urgency must be reported to the next available meeting of the Council, together with the reasons for urgency.
- 16.3 The operation of the provisions relating to call-in and urgency shall be monitored annually, and a report submitted to the Overview & Scrutiny Committee with proposals for review if necessary.

## **17. Call In and Joint Committees**

- 17.1 The principle of call in applies to decisions made by Joint Committees on which the Council is represented. The detailed arrangements relating to call in of Joint Committee decisions shall be agreed between the constituent authorities and included in the Constitution of the Joint Committee.

## **18. Matters excluded from review by the Overview & Scrutiny Committee**

- 18.1 The Overview & Scrutiny Committee should not review individual decisions made in respect of development control, licensing, registration, consents and other permissions. The Overview & Scrutiny process is not an alternative to normal appeals procedures.
- 18.2 The Overview & Scrutiny process is not appropriate for issues involving individual complaints or cases, or for which a separate process already exists e.g. personnel/disciplinary matters, ethical matters or allegations of fraud.



## Overview & Scrutiny Committee (OSC) Draft Work Plan 2015-2016

This Work Plan is indicative of the programme for the Committee for the year ahead. Items are subject to change and new items may be introduced during the course of the year.

<b>Issue</b>	<b>Date</b>	<b>Report of/type</b>	<b>Notes</b>
OSC Terms of Reference & Work Plan	<b>10 Jun 2015</b>	Monitoring Officer and Assistant Chief Executive	To set out Terms of Reference and agree the Work Plan for OSC
Sussex Community Trust CQC Inspection	10 Jun 2015	SCT presentation	Inspection report was very positive, so no significant health scrutiny follow-up anticipated
Bullying in Schools Scrutiny Panel Monitoring	<b>22 Jul 2015</b>	BHCC Children's Services	1 <sup>st</sup> monitoring report
Homelessness Scrutiny Panel Monitoring Report	22 Jul 2015	BHCC Housing	1 <sup>st</sup> monitoring report
Brighton & Sussex University Hospitals Unscheduled Care Update	22 Jul 2015	BSUH and input from CCG and ASC	Ongoing HOSC work – last formal report was Feb14, but discussed in depth at subsequent meetings
Sussex Partnership Foundation Trust CQC Inspection	22 Jul 2015	SPFT presentation	Scheduling dependent on CQC publishing inspection report at end of May
Alcohol Scrutiny Panel Monitoring	<b>09 Sep 2015</b>	BHCC Licensing	1 <sup>st</sup> monitoring report
3T Update	09 Sep 2015	BSUH	Ongoing HOSC work – last report was Nov 14
Mental Health Beds Update	09 Sep 2015	SPFT/CCG	Ongoing HOSC work (following closure of beds in 2013)– last report was March 15
Refreshed Clinical Care strategy	09 Sep 2015	SCT Presentation / engagement event	Request from SCT
Trans Equalities Scrutiny Panel Monitoring	<b>25 Nov 2015</b>	BHCC Communities Equality & Third Sector	3 <sup>rd</sup> monitoring report
Adults with Autism Scrutiny Panel Monitoring	25 Nov 2015	BHCC Adult Social Care	3 <sup>rd</sup> monitoring report
Seafront Infrastructure Scrutiny Panel	25 Nov 2015	To be confirmed	1 <sup>st</sup> monitoring report

Monitoring Report			
Traveller Strategy Scrutiny Panel Monitoring Report	25 Nov 2015	BHCC Housing	3 <sup>rd</sup> monitoring report
GP Quality Update	25 Nov 2015	CCG	Update on actions to manage and reduce variations in outcomes across city GP practices Ongoing HOSC work
Musculoskeletal Services – contract update	25 Nov 2015	CCG & BICS	Ongoing HOSC work – last report was June 14
Fractured Neck of Femur	03 Feb 2016	BSUH with input from CCG, ASC	Follow-up after relocation of service for B&H residents from RSCH to Princess Royal Haywards Heath
Children with Autism Scrutiny Panel Monitoring	<b>03 Feb 2016</b>	BHCC Children's Services	1 <sup>st</sup> monitoring report
Short Term Holiday Lets Scrutiny Panel Monitoring Report	03 Feb 2016	BHCC Environmental Health	1st monitoring report (update report at March 15 OSC)
Impact of the Care Act	03 Feb 2016	BHCC ASC and NHS bodies	Potentially to include impact on NHS services
Public Toilets Scrutiny Panel Monitoring Report	03 Feb 2016	BHCC Environment	2nd monitoring report
BSUH Unscheduled Care Update	03 Feb 2016	BSUH	Ongoing HOSC work (see above)
NHS Trust Quality Accounts 2015-16	03 Feb 2016	BHCC	HOSC formal submissions to annual Quality Accounts of local NHS provider trusts
Private Sector Housing Scrutiny Panel Monitoring	<b>23 Mar 2016</b>	BHCC Housing	1 <sup>st</sup> monitoring report
Social Value Scrutiny Panel Monitoring	23 Mar 2016	BHCC Procurement	1 <sup>st</sup> monitoring report
3Ts Update	23 Mar 2016	BSUH	Ongoing work – see above
Dual Diagnosis: update on impact of new service (introduced 01.01.15)	23 Mar 2016	SPFT	Update on impact of new service model - recommendations of 2009 scrutiny panel DD report.

Integrated Care: update on impact of Better Care Fund and the first year of the local HWB	23 Mar 2016	CCG/ASC	Update on successes and challenges in moving to a more fully integrated model of health and social care provision
Royal Sussex County Hospital PLACE Inspections	23 Mar 2016	BSUH	Update on latest round of user inspections of RSCH

## Glossary

ASC	Adult Social Care
BCF	Better Care Fund
BHCC	Brighton & Hove City Council
BICS	Brighton & Hove Integrated Care Service
BSUH	Brighton & Sussex University Hospitals
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DD	Dual Diagnosis
HOSC	Health Overview & Scrutiny Committee (discontinued)
HWB	Health & Wellbeing Board
MSK	Musculoskeletal services
OSC	Overview & Scrutiny Committee
PLACE	Patient-led Assessments of the Care Environment
RACH	Royal Alexandra Children's Hospital
RSCH	Royal Sussex County Hospital
SCT	Sussex Community Trust
SPFT	Sussex Partnership Foundation Trust
3Ts	BSUH redevelopment (Teaching, Trauma, Tertiary Care)



# CQC Inspection

## Good rating



Paula Head – Chief Executive

compassionate care | working together | achieving ambitions | delivering excellence

- Our journey of improvement
- Our approach
- What the CQC found
- Ratings
- What the CQC said we do well
- Challenges highlighted
- Actions to address the challenges
- Conclusions

# Our journey of improvement

2011

Post merger and staff engagement very low

2012

Quality of services and consistent delivery questioned by commissioners

2012

Senior leadership team turnover, clinicians grievance, new chair appointed

2013

Leadership stabilised appointment of CEO, clinically-led structure in place

2013

Strategy, vision and values clear. TDA support FT progress rapid change needed, focus on quality of services and quality governance. Five of staff survey indicators in 2014 in top 20 for all NHS organisations – top 100 places to work. Culture of excellence and continuous improvement. Ready for the CQC

2014

Dec 2014

CQC said

We see the inspection as a journey of continuous improvement

SCT promise

Our journey continues towards *excellent care at the heart of the community*

## Compassionate care

Caring for people in ways we would want for our loved ones.

## Working together

Forging strong links with the people we care for, our wider public and health and care partners.

## Achieving ambitions

For our users, our staff and our organisation.

## Delivering excellence

Because our patients and partners deserve nothing less.



Continuous improvement toward excellence

compassionate care | working together | achieving ambitions | delivering excellence



# What the CQC found

	Are the services at this trust <b>Safe</b> ?	Are the services at this trust <b>Effective</b> ?	Are the services at this trust <b>Caring</b> ?	Are the services at this trust <b>Responsive</b> ?	Are the services at this trust <b>Well-led</b> ?	<b>Overall</b>
Community health services for adults	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community health inpatient services	Requires Improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Outstanding	Good	Good

## **A positive culture across the organisation**

- *The Board provided clear leadership to its staff and the culture of the organisation was found to be positive across all of the services.*

## **A successful clinical transformation programme**

- *In a relatively short time (two years) the new trust board and executive team had transformed the organisation through a change programme that involved substantial cultural and clinical challenges.*

## **The staff were caring across the organisation**

- *There were elements of good practice across a range of units and teams within each core services. The staff were caring and there was good practice to ensure safe, effective and responsive care. The organisation was well led.*

## **End of Life Care responsiveness was outstanding**

- *In End of Life care it was felt that the responsiveness of this service was outstanding with national recognition of the transformation by NHS England.*

## **Staff were caring and a genuine fondness for children was observed**

- *Children's services were found to be good in caring. The inspection team observed staff interact with children and their families during the inspection and found the interactions to be very caring, compassionate and tactful.*

*compassionate care | working together | achieving ambitions | delivering excellence*

- I would be happy for my mother to be looked after on this ward...
- I felt part of the team for the morning...
- You're the best prepared trust for a CQC inspection of all the ones I've seen...
- Staff saw the inspection as part of a journey of quality improvement and not a tick box process...
- Crawley is the cleanest hospital I have visited since I started inspections...

*Following feedback in December 3 areas for change were highlighted we have responded with some immediate improvements*

## Dementia

- Trustwide Workshop for Community Matrons and Inpatient Service Leads has taken place to introduce the dementia assessment tool
- Dementia self assessments are being conducted across all inpatient areas to identify gaps
- A Dementia lead is being recruited for the Trust

## Health Records

- Work was already underway at the time of inspection to standardise records.
- A detailed plan has been put in place by the Deputy Chief Nurse Adults.

## DNACPR

- A risk has been added to the Trustwide Risk Register regarding training as DNACPR is no longer part of resus training.
- Progress on actions is being monitored through EoLC working group.

- The provider should review its recruitment policy to ensure that the vacancy levels in the trust reduce to ensure sustainability.
- The executive team should give consideration to strengthening the role of the middle management teams and in particular clarifying the role of the Clinical Director within the clinical teams.
- The trust should review how to achieve consistency of standards within services across the three localities to minimise variation.
- The trust should take action to review record keeping and ensure that all records are well maintained, up to date and personalised to meet patients' needs.
- The trust should undertake an audit of medicines administration and documents relating to this to ensure that patients receive the correct medicines at the correct time.
- The trust should review its processes for pain assessment and evaluation.
- The trust should ensure that all appropriate staff have access to and attend dementia training.

## Record keeping

Review record keeping and ensure all records are well maintained, up to date and personalised to meet patients' needs.

### Headline actions:

- Split into phases: assessment, initial documentation and integrated care plans.
- Inpatient units now using standard core admission pack.
- Being rolled out for community teams and incorporated parity of esteem.
- Developed guidance on record keeping.
- Care plan training being rolled out across trust – best practice and personalised
- Nursing and therapy web page for access to best practice standards.

### Working with our partners:

- Transfer paperwork and processes between agencies.
- Work with providers to move toward own records.
- Single integrated record (electronic).

## Staffing and recruitment

The provider should review its recruitment policy to ensure that the vacancy levels in the trust reduce to ensure sustainability.

## On-going actions

- PDSA cycles across SCT e.g. paying substantive rates to bank, golden hellos, housing support.
- Assertive recruitment.
- Review agency sourcing.
- Role out of competency framework and skills training to ensure retention.
- Full recruitment plan.

## Strategic actions

- Developed options of care management with different skill mix.
- Community providers sharing international recruitment and other best practice (TDA).
- Taking part in development of NICE guidance on staffing levels for community inc MDT.
- Working with University of Brighton on commissioning of nursing placement.
- Sussex and system wide activities.

## Clinical and managerial leadership

The executive team should give consideration to strengthening the role of the middle management teams and in particular clarifying the role of the clinical director (CD) within the clinical teams:

- Using Monitor toolkit to clarify roles within service line management.
- Competency assessment and development for middle management.
- Competency framework for clinical grades band 8a and above with development.
- CDs and AMDs working on model for clinical leadership.
- New clinical executive include CDs meets from next month.



## Consistent standards

The trust should review how to achieve consistency of standards within services across the three localities to minimise variation.

- Clinical quality half days.
- Share best practice across commissioners e.g. safeguarding.
- Competency framework – piloted and rolled out in band 5 and 6 and developed in 7 and 8a.
- Sharing of practice events and quality summits.
- Leading best practice in pressure damage across the system.
- Active part in patient safety collaborative.

The trust should undertake an audit of medicines administration and documents relating to this to ensure that patients receive the correct medicines at the correct time.

- Audit included in annual audit plan.
- Review of medicines management team for future.
- Considering taking new approach to medicines administration.

The trust should review its processes for pain assessment and evaluation.

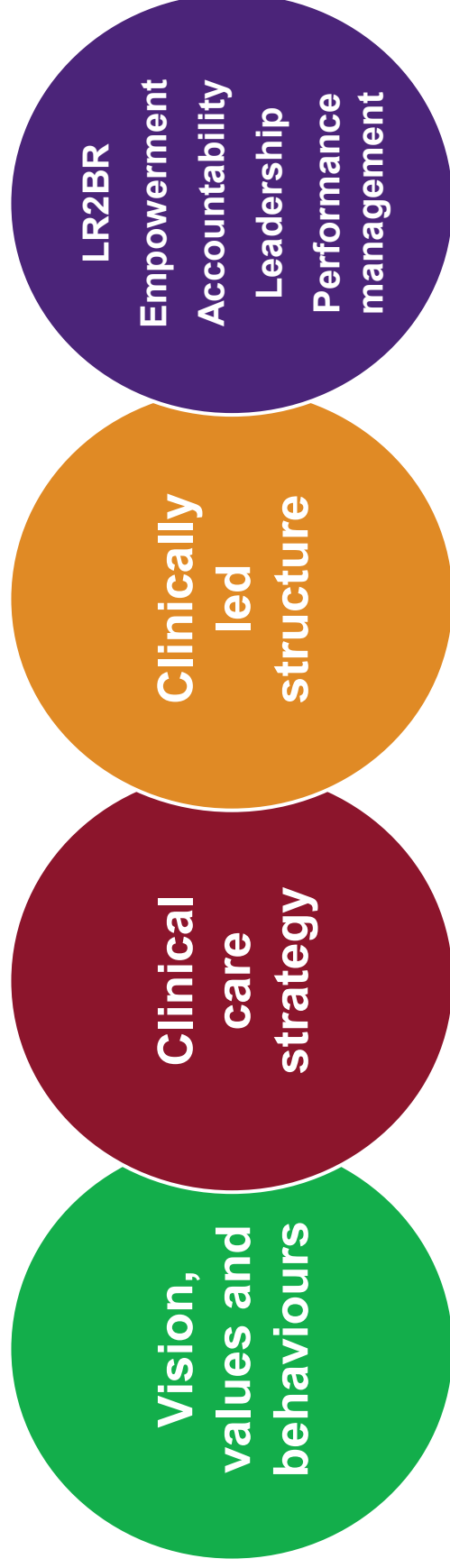
- Review pain assessment documentation from acute and adapt for community use.
- Task and finish group establishment .

# Foundations for success

Sussex Community  
NHS Trust



Well-led



compassionate care | working together | achieving ambitions | delivering excellence

We are on journey of continuous improvement and will live by our values in learning and improving from this report:

- **Compassionate Care**

The person we care for will be at the centre of all of our improvements.

- **Working Together**

We will work with you, our partners, to take the actions we need to improve.

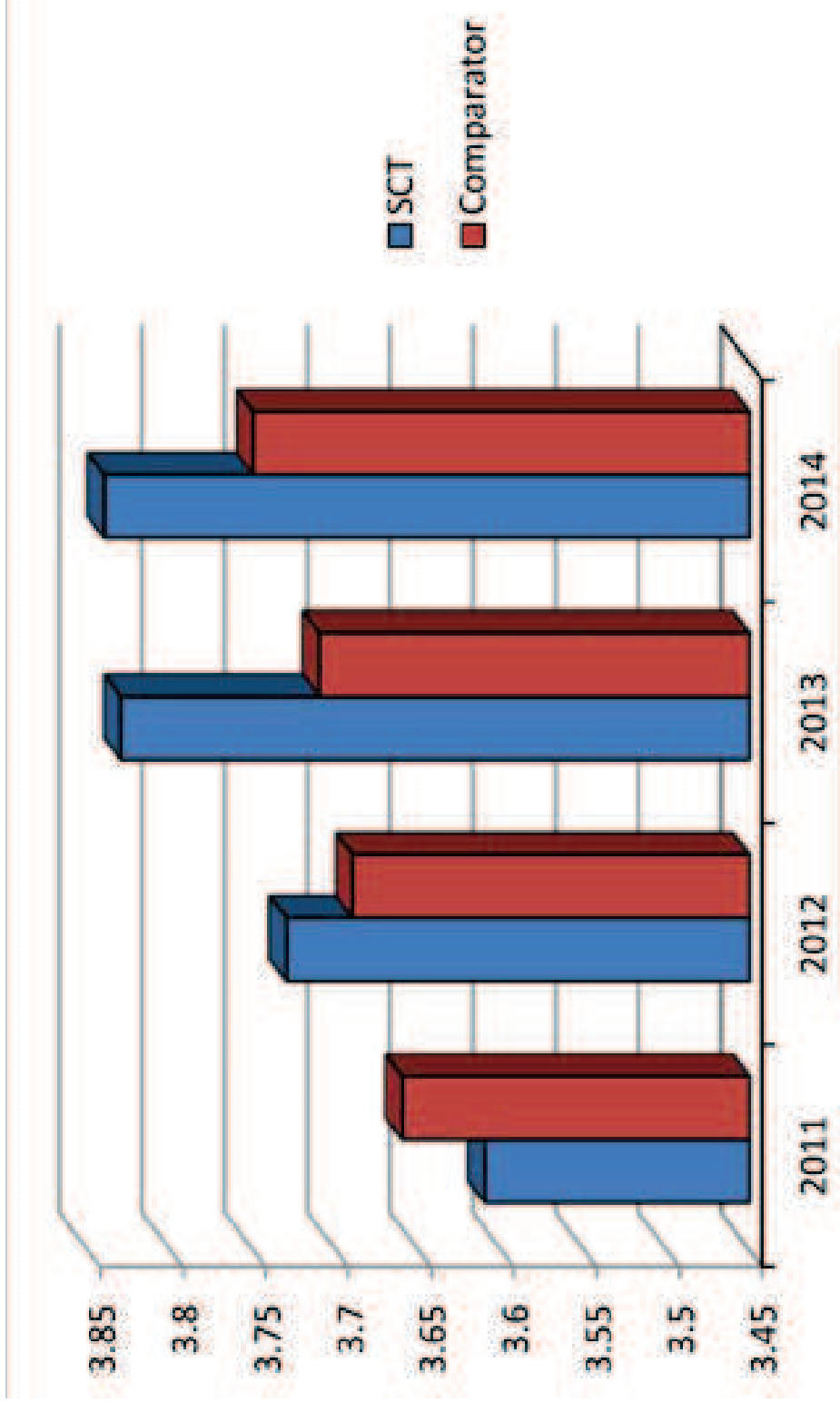
- **Achieving Ambitions**

We are working toward outstanding for our patients so this wont be a tick box exercise.

- **Delivering Excellence**

It is our staff working with, and in support of, patients that will deliver excellence – with them we are developing our quality improvement plans.

# Thank you to staff



# Questions



# CQC Inspection

## Good rating



Paula Head – Chief Executive

compassionate care | **working together** | achieving ambitions | **delivering excellence**

