

# Future Arrangements for the AGMA Health Scrutiny Panel

## 1.0 Purpose

1.1 This report makes proposals to enhance the structures for sub-regional health scrutiny in order to make it more effective. It has five main aspects.

- I. To clearly establish the case for a Greater Manchester Health Scrutiny Panel.
- II. To provide clarity regarding the accountability of the Greater Manchester Health Scrutiny Panel.
- III. To make the Terms of Reference & Protocols for working more succinct and relevant to the function of the Greater Manchester Health Scrutiny Panel.
- IV. To propose an effective method of achieving both political and geographic balance.
- V. To ensure that the Greater Manchester Health Scrutiny Panel is constituted through a Member led process and that it is also constituted in line with the Health and Social Care Act 2001.

## **2. To clearly establish the case for a Greater Manchester Health Scrutiny Panel**

- 2.1 Local Authorities have a duty under the Local Government Act 2000 to promote and improve economic, social and environmental well-being in the local community. This power was enhanced in the Health and Social Care Act 2001 as Local Authorities with Social Service responsibilities were allowed to scrutinise local health service provision. This is a means by which chosen Members with an elected mandate can hold to account NHS bodies on behalf of the people they serve.
- 2.2 In recognition of the fact that some NHS bodies cover geographical areas that are not coterminous with any one local authority, the Act also refers to the need for joint scrutiny arrangements in some instances.
- 2.3 The Greater Manchester Health Scrutiny Panel was formed in recognition of these developments. A strategic Joint Scrutiny Panel is also necessary as the strategic focus of many services is increasingly located at the Greater Manchester level with the establishment of the Greater Manchester Strategic Health Authority. Furthermore there are numerous services provided at a conurbation wide level such as the Greater Manchester Ambulance Service NHS Trust and Christie Hospital NHS Trust. In addition to this there is the emergence of numerous conurbation wide Health Networks, and a sub group of the Greater Manchester Forum leading the implementation of Health targets identified in the Greater Manchester Strategy.
- 2.4 Without a mechanism for joint health scrutiny the specific NHS bodies listed above may be required to exercise their health scrutiny functions many times over. This would be burdensome and extremely time consuming for those involved. The Greater Manchester Health Scrutiny Panel would significantly streamline this process. Local Authorities have a duty to form joint health scrutiny committees to respond to statutory consultations by NHS bodies that cover more than one area.

**3. To provide clarity regarding the accountability of the Greater Manchester Health Scrutiny Panel in line with the recommendations within the Health and Social Care Act 2001.**

- 3.1 The Greater Manchester Health Scrutiny Panel was developed at the instigation of the AGMA Executive and the Greater Manchester Districts in light of the provision of the Health and Social Care Act 2001. Section 8 of this Act states "two or more local authorities may appoint a joint committee of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercisable by the committee".
- 3.2 This process has led to some confusion regarding the status of the Greater Manchester Health Scrutiny Panel in relation to its lines of accountability and the relationship of the Panel to AGMA.
- 3.3 The Association of Greater Manchester Authorities is a free Association of Metropolitan Authorities within Greater Manchester. It is not a statutory body. Given its legal status the Association of Greater Manchester Authorities cannot be the appropriate body for the Greater Manchester Health Scrutiny Panel to be accountable to under the terms of the Health and Social Care Act 2001.
- 3.4 The Greater Manchester Health Scrutiny Panel should be accountable to the District Councils within Greater Manchester as its powers to scrutinise would be devolved from the ten Metropolitan Authorities within the Conurbation.
- 3.5 It would therefore be more appropriate to refer to the AGMA joint scrutiny Panel as the Greater Manchester Health Scrutiny Panel rather than the AGMA Health Scrutiny Panel.

**4. To revise the Terms of Reference and Protocols for working in order for them to be more succinct.**

4.1 The Terms of Reference for the Greater Manchester Health Scrutiny Panel were originally compiled using Best Practice from Scrutiny Panels throughout Greater Manchester. However following a year of operation it is recommended that they be revised in order to:

- a. emphasise the need for a strategic focus and provide clarity regarding an effective role for the Greater Manchester Health Scrutiny Panel.
- b. provide a more concise reference tool for both Members and Officers.
- c. Set out the relationship with the Partners of the Health Scrutiny Panel to ensure that each partner is fully aware of their responsibilities in the scrutiny process.
  - District Health Scrutiny Panels
  - AGMA Executive and Council
  - The NHS
  - Other Partners such as Public and Patient Involvement Forums

4.2 Draft revised Terms of Reference and Protocols are attached at appendix 1.

**5. To propose an effective method of achieving both political and geographical balance.**

5.1 Under the Health and Social Care Act 2001 'Joint Health Scrutiny Panels' are required to meet Political Proportionality. However the Local Government Housing Act 1989 enables Local Authorities to waive the political balance requirements if all elected Councillors within individual Authorities agree that it need not apply.

5.2 This agreement was not forthcoming in the case of the Greater Manchester Health Scrutiny Panel. Therefore in order to achieve balance the number of Members

serving on the panel was increased to fifteen. This has led to a significant geographical inequality in the distribution of the seats.

5.3 Political Balance has also proved difficult to achieve given the current confusion that surrounds the composition of the lines of accountability of the Greater Manchester Health Scrutiny Panel. The confusion arises from a lack of clarity amongst Officers and Members as to who should make nominations – Districts, the AGMA Executive or the Political Groups within AGMA.

5.4 It is proposed that nominations should be obtained solely from the Greater Manchester District Councils. Wherever possible Members for the Greater Manchester Health Scrutiny Panel should be nominated from District Health Scrutiny Panels.

5.5 After discussion with the Chair and Vice-Chair of the Scrutiny Panel, a proposed model for achieving political balance has been outlined in appendix 2.

**6. To ensure that the Greater Manchester Health Scrutiny Panel is constituted through a Member led process and that it is also constituted in line with the Health and Social Care Act 2001.**

6.1 It is vital that scrutiny in both operation and structure is Member led in order to ensure that it meets their needs and expectations. Members must be involved from the start in the formulation of proposals through the Greater Manchester Health Scrutiny Panel and also through the refinement of the final proposals through consultation with the District Health Scrutiny Panels.

6.2 It has emerged that several Councils in Greater Manchester have not amended their constitutions to delegate the appropriate power of Scrutiny to the Greater Manchester Health Scrutiny Panel. Thus when recommendations are made to the Health Authorities within Greater Manchester, the legitimacy of the panel to make such recommendations could be called into question, therefore rendering the work of the panel meaningless. Moreover each District Health Scrutiny Panel that has amended its constitution has done so in its own way. Thus the Greater Manchester



Health Scrutiny Panel has potentially different remits from different Local Authorities.

- 6.3 The AGMA Policy Unit has assessed the process by which District Health Scrutiny Panels delegate power to the Greater Manchester Health Scrutiny Panel. There are key areas where it can be improved in order to ensure the development of appropriate Terms of Reference that individual Members and District Panels have ownership of. The process outlined in appendix 3 has been defined by the AGMA Policy Unit for the Greater Manchester Health Scrutiny Panel to consider.

## Recommendations

1. For the Greater Manchester Health Scrutiny Panel to formally endorse the change of the name of the "AGMA Health Scrutiny Panel" to the "Greater Manchester Health Scrutiny Panel".
2. For the Greater Manchester Health Scrutiny Panel to endorse the new Terms of Reference and the new Protocols outlined in appendix 1.
3. For the Greater Manchester Health Scrutiny Panel to formally endorse the mechanism outlined in appendix 2 for achieving both political balance and also geographical balance.
4. For the Greater Manchester Health Scrutiny Panel to endorse the process for reconstituting the Panel as set out in Appendix 3.





## Protocol for the Greater Manchester Health Joint Health Scrutiny Panel

This protocol has been produced by the AGMA Policy Unit on behalf of the ten Metropolitan Councils in Greater Manchester in consultation with the Greater Manchester Strategic Health Authority; Christie NHS Trust and the Greater Manchester Ambulance Service NHS Trust and the Health Scrutiny Panels of the ten Local Authorities within Greater Manchester.

The Protocol will be reviewed on an annual basis by the Health Scrutiny Officers Group and may be revised by agreement between all interested parties in order to continually focus and enhance scrutiny.

### 1. Terms of Reference

### 2. Overview and Scrutiny Principles

### 3. Membership

### 4. Officer Support

- Secretariat
- Research
- Health Scrutiny Officers Group

### 5. Officer Protocol

### 6. Relationship with District Councils

- Duty of GM Health Scrutiny Panel to District Councils
- Duty of District Councils to Greater Manchester Health Scrutiny Panel

### 7. Relationship with AGMA Executive and AGMA Council

### 8. Relationship with the Health Sector

- Duty of the Greater Manchester Health Scrutiny Panel to the NHS
- Duty of the NHS to the Greater Manchester Health Scrutiny Panel

### 9. Relationship with Patient and Public Forums and Other Groups

## 1.0 Terms of Reference

- i. To examine and report from time to time on the strategies, policies, actions and consultations of:
  - The Greater Manchester Strategic Health Authority
  - The Greater Manchester Ambulance Service NHS Trust
  - Christie Hospital NHS Trust
  - Cross Greater Manchester Health Networks, Fora and joint working arrangements
  - Relevant issues referred to the Greater Manchester Health Scrutiny Committee by District Health Scrutiny Panels and Patients Forums
- ii. To liaise, as appropriate, with the Greater Manchester Strategic Health Authority when considering its Scrutiny Programme.
- iii. To be evidence based and focused on service outcomes.
- iv. To take into account in its deliberation cross cutting themes of sustainable development; and the promotion of equality.
- v. To ensure the work of the Greater Manchester Health Scrutiny Panel does not duplicate the work of existing agencies.

## **2.0 Principles**

- 2.1 Any person involved in health scrutiny will always declare any personal or other pecuniary interest that they have in a Scrutiny exercise or during a meeting of the Scrutiny Panel. Any declaration should be made to the AGMA Policy Unit.
- 2.2 The Local Authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect.
- 2.3 The aim of the Greater Manchester Health Scrutiny Panel is to reach consensus on the issues to be subject to joint scrutiny, but this may not always be possible. In these circumstances it is recognised that each Council can conduct its own Health Scrutiny Review.
- 2.4 The Greater Manchester Health Scrutiny Panel will not act, as an advocate for any individual complaints or commence a detailed scrutiny review on an individual case. These issues are rightly for the individual Trust, their Patient Advice and Liaison Service and the new Independent Complaints and Advisory Service.

## **3.0 Membership**

- 3.1 The Greater Manchester Health Scrutiny Panel will comprise one Councillor from each of the Greater Manchester Districts on the basis of political proportionality within each District Council<sup>1</sup> chosen from the District Health Scrutiny Panel. If a political party which has 10% or more of the seats across Greater Manchester is not represented, then a Member from that party should be chosen from AGMA (in addition to the 10).
- 3.2 The terms of office for representatives will match those of the regular municipal year.

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<sup>1</sup> Subject to discussion on Appendix 2 of this report.

- 3.3 The Chair and Vice Chair of the Greater Manchester Health Scrutiny Panel shall be determined at the first full meeting of the Greater Manchester Health Scrutiny Panel at the start of the municipal year.

## **4.0 Administration and Officer Support**

- 4.1 The AGMA Policy Unit will provide the lead secretariat and policy support for the Greater Manchester Health Scrutiny Panel.  
(N.B. The current Greater Manchester Health Scrutiny Panel is of the view that a dedicated Scrutiny Support Officer is required).
- 4.2 The Greater Manchester Health Scrutiny Panel shall meet bi monthly or as often as required.
- 4.3 Meetings of the Greater Manchester Health Scrutiny Panel will be open to the public; who are welcome to attend and give evidence if requested or invited to.

### **4.3 Secretariat**

- 4.4 Agendas for meetings shall be determined by the Greater Manchester Health Scrutiny Panel.
- 4.5 Meetings shall be held in each of the ten Authorities in turn. Times and dates for the meetings will be determined by the Chair in consultation with the AGMA Policy Unit to ensure the maximum availability of Councillors.
- 4.6 Notice of meetings of the Greater Manchester Health Scrutiny Panel will be sent to each Member of the Panel at least 7 days before the date of the meeting. Notices of meetings will include the agenda, minutes of the previous meeting and any reports.

### **4.7 Research and Policy Development**

- 4.8 All the parties/organisations involved will provide intelligence in partnership as to the most salient issues for Scrutiny based on:

- i. Key Health Statistics
- ii. Health Inequalities
- iii. Monitoring and evaluation of services within its remit using key PIs in consultation with the Health Sector.

#### 4.9 Drafting project plans:

- i. Background research
- ii. Informal interviews
- iii. Data analysis and interpretation

#### 4.10 Drafting reports to frame recommendations in the most effective way.

#### 4.11 Development of a definition of “substantial variation” for services provided at a conurbation wide level.

### **4.12 Health Scrutiny Officers Group**

#### 4.13 An AGMA Health Scrutiny Officers Group will be established in order:

- To ensure effective liaison between the Greater Manchester Health Scrutiny Panel and the ten District Panels.
- To exchange best practice and relevant information from local reviews.
- To assist in the development of the work programme of the Greater Manchester Health Scrutiny Panel and project plans for individual scrutiny reviews.
- To consider links to other parts of patient and public involvement in local health services (specifically ICAS, PALs and PPI Forums).
- Minutes and agendas of the Panel will be circulated to the District Support Officers to place as an item on District Health Scrutiny Agendas.

## **5.0 Officer Protocol**

- 5.1 District Health Scrutiny Officers may attend meetings of the Greater Manchester Health Scrutiny Panel on request of their own Councils Member of the Greater Manchester Health Scrutiny Panel and to assist their own Member with information or research.

## **6.0 Relationship with District Councils**

### **6.1 *Duty of GM Health Scrutiny Panel to District Councils***

- The Greater Manchester Health Scrutiny Panel should consult District Health Scrutiny Panels on its annual substantive work programme.
- The Greater Manchester Health Scrutiny Panel should consult District Councils on its work programme for individual Scrutiny Exercises.
- The Panel will send copies of its final reports to the District Health Scrutiny Panels and District Executives for information.

### **6.2 *Duty of District Councils to Greater Manchester Health Scrutiny Panel***

- To make nominations according to the mechanism outlined in appendix 2.
- District Councils must ensure that the Members they wish to be involved are members of the Council's Overview and Scrutiny Committee; and are not members of the Executive. If possible they should provide a Member that is already a Member of the District Health Scrutiny Panel.
- Where a Member will be absent a substitute should be arranged by the District Health Scrutiny Panel.



- Where appropriate the District Panels should forward items of conurbation wide interest to the Greater Manchester Health Scrutiny Panel in writing.

## **7.0 Relationship with AGMA Executive & AGMA Council**

### **7.1 *Duty of GM Health Scrutiny Panel to AGMA Executive & AGMA Council.***

- The AGMA Policy Unit on behalf of the Greater Manchester Health Scrutiny Panel will forward the minutes and final reports to AGMA Council for information.

## **8.0 Relationship with the NHS**

### **8.1 *Duty of the NHS to the Greater Manchester Health Scrutiny Panel***

- The Strategic Health Authority, Christie NHS Trust and The Greater Manchester Ambulance Service NHS Trust will each nominate a main contact person for each relevant health scrutiny exercise.
- The relevant contact person will ensure that the Greater Manchester Health Scrutiny Panel is provided with any information that they may reasonably require in order to discharge their functions.
- The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees if requested.
- Information requested by the Greater Manchester Health Scrutiny Panel will be forwarded within 28 days. If this is not forthcoming the Greater Manchester Health Scrutiny Panel will expect an explanation from the relevant body within ten working days of receipt of the request.
- The relevant Corporate Lead for Overview and Scrutiny within each NHS body will arrange for the examination of the draft report produced by the Scrutiny Panel and correct any factual inaccuracies within twenty working days.
- The Corporate Lead within each NHS body will respond in writing to the Greater Manchester Health Scrutiny Panel within five weeks of receipt of any final report.



- Following accepted recommendations the appropriate NHS Bodies will prepare action plans that will be used to monitor the progress of recommendations.
- The Greater Manchester Strategic Health Authority, The Greater Manchester Ambulance Service NHS Trust, Christie NHS Trust will submit a joint report to the Greater Manchester Health Scrutiny Panel. This will set out substantial changes/developments that might occur over the following twelve months. The report will set out:
  - background to initiatives
  - impact on equality
  - Consultations to be undertaken/already undergone
  - Likely timetable for formal consideration by the relevant Trust Board
  - Any proposals being developed through regional/national consortia that will have a conurbation wide impact

## **8.2 *Duty of the Greater Manchester Health Scrutiny Panel to the NHS***

- The Panel will develop its work programme in consultation with the NHS.
- Invitations to staff and Non Executive Directors to attend the Greater Manchester Health Scrutiny Panel, will be directed to the identified contact person within each NHS body from the AGMA Policy Unit.
- A draft report on any issue considered by the Panel will be sent to the appropriate NHS body once the Scrutiny Process is complete.
- The Greater Manchester Health Scrutiny Panel will submit a final report to the relevant contact officer within each NHS body.
- NHS Trusts will be informed of any press release relating to Health Scrutiny although the AGMA Policy Unit may speak to the press in advance of a meeting in order to brief them about the contents of a review.

## **9.0 Relationship with Patient and Public Forums**

- 9.1 The Panel will seek to establish links with the other Public and Patient Involvement Forums established by the Commission for Public and Patient Involvement in Health under the NHS Reform and Healthcare Professions Act 2002. The AGMA Policy unit will liaise with the Commission for Public and Patient Involvement in Health to avoid duplication and develop a more joined up approach to scrutiny of the health sector.



# Suggested Mechanism for Achieving Political Balance

### Mechanism

- Each District is allocated 1 seat. If a political party which has more than 10% of the seats across Greater Manchester not represented then a Member from that party should be chosen from AGMA (in addition to the 10).
- Nominations would be made from District Councils who would nominate Members according to the political balance within their own District Councils.
- Members must not be members of the District Council Executive.
- Members should be from the District Health Scrutiny Panel.

### Advantages

- Very simple and easy to understand.
- Provides Geographical Balance
- Similar models have a precedent in other areas of the Country
- Gives Districts the responsibility for appointing members rather than AGMA imposing a formula on Districts & therefore allows the Greater Manchester Health Scrutiny Panel to spend time on its substantive work programme.
- Provides an ideal number of Members to allow the panel to work effectively.



