

## LONDON BOROUGH OF HARROW

<b>Meeting:</b>	HEALTH & SOCIAL CARE SRUTINY SUB-COMMITTEE
<b>Date:</b>	18 JUNE 2003
<b>Subject:</b>	ANNUAL REPORT OF THE OVERVIEW & SCRUTINY COMMITTEE 2002/03
<b>Responsible Chief Officer</b>	CHIEF EXECUTIVE
<b>Status:</b>	Part I
<b>Ward:</b>	N/A
<b>Enclosures:</b>	APPENDIX A - DRAFT REPORT OF THE SUB-COMMITTEE

### 1. Summary

- 1.1 In the last cycle of meetings, the Overview and Scrutiny Committee and the Scrutiny Sub-Committees agreed the process by which the 2002/03 annual report should be prepared and agreed for presentation to Council. This process provided for a composite report to be produced which includes an overview of the work undertaken over the past year supported by individual contributions from each of the scrutiny bodies. A draft Chair's contribution for this Sub-Committee is attached for Members' consideration.

### 2. Recommendation

- 2.1 To approve the draft Chair's report of the Sub-Committee's work over the past year for inclusion in the 2002-03 scrutiny annual report.

### 3. Policy Context (including Relevant Previous Decisions)

- 3.1 This report addresses the requirement placed on the Committee to report to Council on the work done in the previous year and on its annual work programme for the forthcoming year.

Overview and Scrutiny Committee - 1.4.03  
Sub-Committee meeting - 24.3.03

### 4. Relevance to Corporate Priorities

- 4.1 The work of scrutiny bodies seek to support all of the Council's corporate and strategic priorities.

5. **Background Papers:**

Report to Overview & Scrutiny Committee 1.4 .03

Minutes of the meeting of this Sub-Committee held on 24.3.03

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### 6. HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE

- 6.1 The year 2002/03 was the first full year of the Sub-Committee's activity. As many Members and Officers were new to this area of activity, it has been a period of learning both about the scrutiny process and in more depth about how the council and its partners operate on the ground.
- 6.2 From January 2003 the Council's power to scrutinise the NHS has been delegated to the Committee and this is the most significant development within the year.
- 6.3 Unlike the traditional committee arrangement we quickly identified that the relationship with officers is based much more on mutual collaboration and working together rather than the transitional and more formal 'reporting' role.
- 6.4 We have also quickly learnt that our activity is constrained by the limited resources that both Members and officers can allocate to the committee's work. To be successful we believe that the scrutiny process requires Members to move out from behind the committee table and actively engage with staff, service users, and partner agencies. This requires time, background support and organisation and we believe the Council must address this to be able to achieve real value from the scrutiny function.
- 6.5 We are grateful for the support of officers at all levels in the Council, our colleagues in the NHS and local voluntary organisations.
- 6.6 Broadly the year's work has comprised two different activities: the scrutiny of reports undertaken by external bodies on the Social Services Department and the scrutiny reviews undertaken by Members.
- 6.7 The former has covered a wider range including the annual appraisal by the Social Services Inspectorate of the Social Services Department on which the star rating of the Department is largely based. We have considered the findings of this and the performance management reports and have made comments and suggestions both formally and informally to the Executive. For example, the lack of investment in the Social Services IT system and concerns regarding manual data collection were highlighted.
- 6.8 Specific reports on activity and external inspection/review include:
- Social Services Inspectorate Appraisal
  - Internal and External Audit Reports on Learning Disability, Asylum Seekers, Older People
  - Safeguarding Children's Inspection
  - Best Value Review of Adaptations
  - Departmental Complaints Annual Report
- 6.9 The two scrutiny reviews undertaken considered taxicards and other travel concessions and a review of the Council's direct and indirect services to carers.
- 6.10 The Travel Concession review has yet to complete its work as, shortly after its initiation, the Mayor of London announced changes to the scheme and we considered it inappropriate to continue until these changes have been implemented.

6.11 The carer's review was a major piece of work undertaken by 3 Members supported by 3 officers. Sixteen meetings with Council staff, voluntary Sector workers and, above all, carers enabled the Review to obtain a comprehensive understanding about this service, what is working and what is not. Our report will be presented at the next Sub-Committee meeting. The highlight of this activity was Members meeting with over 80 carers which provided a unique opportunity for a 2-way exchange of ideas and views.

<b>COMMITTEE STATISTICS</b>	
<b>Committee meetings</b>	<b>5</b>
<b>One off Working Group meetings</b>	<b>-</b>
<b>In-depth reviews</b>	<b>2</b>
<b>Review meetings</b>	<b>20</b>
<b>Visits/informal meetings</b>	<b>5</b>
<b>Attendance by Portfolio Holder</b>	<b>1</b>
<b>Statutory items considered</b>	<b>-</b>

6.12 The proposals from Bedfordshire and Hertfordshire Strategic Health Authority for the future of the cancer and others services at the Mount Vernon and Watford General Hospitals gave the Sub-Committee the first opportunity to use its powers to call witnesses and gather evidence on a proposed change to a health service. We welcomed the North West Strategic Health Authority's decision to undertake a separate consultation exercise on the cancer services at Mount Vernon Hospital and feel that this is certainly a step in the right direction in providing local authorities in the north west of London, the Community Health Councils and local people the opportunity to examine and put forward their views on this important local issue.

6.13 Our consideration of the proposals for services at Mount Vernon will be continuing in 2003-04 and will form a major element of our work programme. We will want to test the viability of the changes proposed and the quality of both consultation exercises.

6.14 The Sub-Committee is about to commence its first scrutiny review which will directly involve both the local NHS Trusts and the Council's own services. It will focus on the discharge of people in acute beds and elderly care beds in hospitals which is a topic of concern for central government, local authorities, health bodies and users.

6.15 When complete our current intention is to move on to reviewing the equity of access to general practitioner services. It is unlikely that Members or officers will have the necessary resources to complete any further health-based reviews in the year.

6.16 The Sub-Committee will also continue to review the work of the Council's Social Services Department as it transfers into the new 'People First' Directorate. We will wish to monitor the impact on performance, but perhaps more importantly, look for evidence of the gains that should be achieved from the cross-boundary working that the changes are designed to promote.

Marie-Louise Nolan  
Chair, Health and Social Care Scrutiny Sub-Committee