

Taking stock of health scrutiny in Bury Council

This report is written just as health scrutiny in Bury is about to enter a new era with the recent announcement of plans to devolve responsibility for health and social care to statutory organisations in Greater Manchester. That background provides a useful opportunity to take stock of the work of Bury Council's Health Overview and Scrutiny Committee. Although it is to be expected that arrangements will change in future, given devolution, there are still many useful lessons to be gained from taking stock of current and recent experience in this area.

The report aims to summarise the strengths of practices in Bury, to outline the issues that emerged from councillors, officers and other stakeholders during a developmental session led by the Centre for Public Scrutiny in February 2015 and to outline areas for further consideration.

Overview and Scrutiny in Bury: the strengths

Trust and joint working

Scrutiny in Bury Council benefits from good relationships with external organisations such as the Clinical Commissioning Group, Pennine Care and the local Healthwatch. There is ongoing dialogue between those external organisations and the council and some recognition of the respective roles that each play in the local health landscape. There is evidence of willingness to engage and the difficulties of information sharing, particularly about finance, are not shied away from, but treated with some frankness about what is possible. The scrutiny of the large reconfigurations had gone well in Bury as a result. External organisations appear to accept the legitimacy of the scrutiny and overview process and are therefore prepared to participate and engage in debate. Generally joint working with external organisations is working well for Bury Council.

Continuity

One explanation for the strengths of those external relations is the continuity provided by the chair of Bury Council's Overview and Scrutiny Committee also fulfilling that role for the Joint Health Overview and Scrutiny Committee (for the Pennine Care NHS Trust) and the Greater Manchester Joint Health Scrutiny Committee. This enabled links to be made and relationships to be developed over a period of time and increased the chair's overall understanding of the overall health economy and the key players within it. It is to be hoped that this kind of continuity will continue to operate in the new arrangements, with scrutiny chairs as 'hubs', enabling information to flow in both directions between the Greater Manchester level and the local level. It is important that the 'overview' function is kept in sight, as well as the scrutiny of individual decisions.

Focussed topic choice

Bury has also used 'task and finish' groups on specific health topics very well. The topics of diabetes and also of dentistry were quoted as particularly successful examples of successful scrutiny projects where councillors, officers and partners all agreed that there had been real impact. Clearly bounded topics, good performance data on service delivery and strong engagement from all stakeholders were cited as key to success, as was the role of the scrutiny officers in supporting the reviews. It was

also agreed that the pre-meeting briefing was essential in providing additional relevant information and giving a focus to the questioning within limited time constraints.

Overview and Scrutiny in Bury: areas for further consideration

External versus internal facing scrutiny

Bury Council's scrutiny councillors, like many others elsewhere in the country, noted that it sometimes seems easier to scrutinise the provision of services provided by external bodies than those provided by the council itself. There are, it might be speculated, several possible explanations for this general problem. The role of 'critical friend' is sometimes hard to get right within a council setting. There might be a shared understanding within the council that times are hard and budgets are tight, which leads to a feeling of sympathy and a reluctance to engage in a more rigorous questioning of decision-makers and senior officers. There might be a culture amongst some officers that scrutiny is not particularly highly valued and that therefore information provision is not prioritised. It may be that a particular council's political or management culture sees problems with performance as a matter for blame rather than legitimate enquiry. It is not suggested that any of these explanations describes the situation in Bury, but rather it is proposed that the council guards against this by continuing to strengthen its existing support for the challenge of overview and scrutiny as a legitimate part of the checks and balances in the democratic process.

Entry points for scrutiny

Scrutiny councillors also noted that there were some very practical areas that could be improved in order to enhance health scrutiny. The first of these was the difficult question of the 'entry' point for a scrutiny committee. In an increasingly plural service delivery environment, with services being provided at arm's length through a variety of vehicles, councillors were unsure about the role of the committee in, for example, pre-contract specification, where there might be commercial confidentiality. It may be that some involvement at the pre-contract specification stage might be useful, to harness the knowledge of the scrutiny committee and also to assist in setting up what the scrutiny arrangements should be after the contracts are let. Councillors, in general, do not extinguish their responsibilities and accountabilities for functions even if the service provider is external to the council and it may be that building scrutiny into the process at an early stage would help to provide an additional accountability mechanism. Bury Council may wish to engage in further debate about appropriate entry points for scrutiny committees as the terrain of service provision becomes more diverse.

Site visits

The next area for consideration that emerged was the very practical desire to make more site visits as part of overview and scrutiny. It was agreed by councillors and stakeholders that this type of experiential learning and the information gained from talking to service managers and users in the work setting had often proved invaluable and it was felt that this should be planned into task and finish group work programmes in the future.

Rules for closure

The question of the 'rules for closure' was also one that continued to exercise members. Following each review there was a period of time when the recommendations were regularly monitored and reported upon and this could, in some cases, lead to agendas being clogged up with 'old' items. It

was agreed that it would be more effective to reduce agendas to enable in depth discussion and that the committee should give consideration to shorter monitoring schedules and have a cut-off point.

Questioning

The issue of how to offer robust challenge to decision makers while remaining a 'critical friend' is one which is common to scrutiny councillors across the country and Bury is no exception. Councillors spoke of feeling bamboozled at times by slick presentations from skilled officers and of the continued need to dig down into performance reports in order to understand the whole picture. Scrutiny councillors are reminded that they are 'lay' members who cannot have the expertise in every specialist area; their job is to ask the questions that the public, the service users, would expect them to ask – the who, what, how, why and when questions.

Conclusion

The confidence that Bury Council displays in its management of its health scrutiny functions is demonstrated by its commitment to training (in new health legislation, for example), but also in its determination to make the time for learning and reflection, even when things seem to be going well. Councils are sometimes criticised for only engaging in taking stock of their democratic processes when things have gone wrong and there is a crisis; Bury is an exception with regard to its health scrutiny function.

The Health Overview and Scrutiny Committee has tried to learn from good practice elsewhere using the Centre for Public Scrutiny material and support, it has explored the lessons to be learned from the Francis and the Casey reports and it has sought to make sure that it is kept up to date with changing legislation. The Bury Health Overview and Scrutiny Committee, by engaging in regular evaluation of its own effectiveness and refreshing members' skills is taking measures to guard against complacency and drift and is setting an example to other councils.

Report of Jane Scullion, Expert Advisor, Centre for Public Scrutiny, March 2015. Email: info@cfps.org.uk Website: <http://www.cfps.org.uk>

Supporting information:

Publications on questioning skills:

<http://www.cfps.org.uk/domains/cfps.org.uk/local/media/uploads/060711questioningskillsfinal.pdf>

<http://www.cfps.org.uk/publications?item=213&offset=150>

Casey Report:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401125/46966_Report_of_Inspection_of_Rotherham_WEB.pdf

Practice guides:

<http://cfps.org.uk/practice-guides>