EXTERNAL SCRUTINY PANEL - ANNUAL REPORT

Contact Officer: John Boothroyde (Overview and Scrutiny Manager) - MK252092

1. Purpose

1.1 To review the work of the Panel over the current year and to look ahead to the coming year’s work programme.

2. The New Structure

2.1 This has been in place since the beginning of the 2004/05 Council year and External Scrutiny Panel was created to fulfil the statutory health scrutiny function but also to be able to scrutinise other agencies external to the Council, particularly those relating to the growth agenda.

2.2 In terms of health scrutiny, the Panel is the successor body to the former Health and Social Care Sub-Committee and some of the work that has come its way results from actions initiated by that Sub-Committee. For the local NHS Trusts and the Patient and Public Involvement Forums the Panel is the Health Scrutiny Committee.

2.3 The Panel still has to develop to the point where it is widely recognised as the body where the growth agenda is scrutinised.

3. Review of Meetings

3.1 The Panel has met on eight occasions through this Council year and considered a number of major issues.

3.2 Health issues have included the Strategic Health Authority’s Cancer Strategy, Patients’ Choice, the Primary Care Trust’s Strategic Services Development Plan, Health Inequalities - particularly a smoke-free policy for Milton Keynes, Independent Sector Treatment Centres, transfer of Prison Healthcare and the Primary Care Trust (PCT) budget.

3.3 The Panel has also received a progress report from the CMK Partnership Board, the Milton Keynes Partnership Committee Business Plan, and the brief for a Long-Term Sustainable Growth Plan for Milton Keynes. The presentation on ‘Policing Issues in Milton Keynes’ was an example of the Panel’s role in representing issues of concern to the public but for which the Council has no direct responsibility.
4. **Achievements and Effectiveness**

4.1 The Panel has tackled a wide variety of issues and been complimented on more than one occasion on the quality of its questioning.

4.2 From its first meeting the Panel produced a report to feed back into the Strategic Health Authority’s Strategic Framework for cancer services.

4.3 The recommendations coming out of the debate on a smoke-free policy for Milton Keynes have contributed to moving this issue forward. Strong support from the Panel will help toward producing proposals that will be presented to Cabinet.

4.4 The presentation and subsequent discussion with Chief Superintendent John Liversidge on policing matters was one of the most informative and open debates of the year and resulted in the Panel making recommendations in two areas where it feels the Council can assist.

4.5 A number of items from the PCT have put Panel Members in the role of consultees. There are two reasons for this. First, an awareness, established by the Health Sub-Committee, that there is a Health Scrutiny Committee to consult with. Second, an increasing requirement placed on local health authorities by the Department of Health to involve local Overview and scrutiny committees in consultation on new developments. Key examples here would be Patients’ Choice (Choose and Book), the Strategic Services Development Plan and Independent Sector Treatment Centres. All of these were the result of approaches from the local NHS and illustrate the way in which the Panel’s work programme has a strong reactive element to it.

4.6 There are obvious linkages between health and growth and the work of specific bodies such as the MKSM Health and Social Care Sub-Group has been monitored. The Panel’s champion in this respect is Councillor Irons who has attended and participated in a number of seminars and workshops and reported back to the Panel.

4.7 Similarly, the work of the Milton Keynes Partnership Committee (MKPC) and its Planning Sub-Committee has been closely observed by Councillor Hopkins who has kept the Panel briefed through the now standard ‘growth update’ item on the agenda.

4.8 The Panel’s October meeting was attended by an observer from the IDeA and feedback given on the night with a more detailed written report following. The report was very positive with some valuable constructive criticism - this despite the fact that the items on that particular agenda (CMK progress and MKPC business plan) were difficult to produce any recommendations from. However, this is not the only measure of success and the impression made on the observer was that “it was evident that members concerns/views would be taken account of by the witnesses (Brian Morrison and Jane Hamilton) and fed back to their respective organisations.

4.9 The Panel agreed to participate in a joint learning project on chronic disease management and chose diabetes as its interest area. This is an opportunity for Members to do some in-depth work outside of the scheduled Panel
meetings and share results and lessons learned with other Thames Valley region authorities. Progress on this project is reported elsewhere on the Panel’s agenda.

4.10 Finally, a recent initiative has been the introduction of a newsletter for Panel Members which attempts to distil the large amount of health related information that appears as an aid to identifying potential issues for the Panel’s work programme.

5. **Future Work Programme**

5.1 The current year’s programme has been constrained by two factors. First, has been the early evening starts of some meetings because of another Overview and Scrutiny meeting scheduled for the same date. Second has been the volume of health related issues being offered to the Panel for consideration leading to a concern that not enough room is left for non-health items.

5.2 The draft calendar of meetings for next year addresses these constraints in two ways. The number of scheduled meetings has been increased to ten and all meetings will have a standard 7.30 pm start with no other Overview and Scrutiny meetings on the same date. It is hoped this will provide the necessary extra capacity. However, Chairs group has discussed a suggestion that a growth specific sub-group be created and that the Head of Democratic services be requested to consider how this might be set up and accommodated.

5.3 Another technique for improving meetings that the Panel might want to consider is the pre-meeting (recommended by the IDeA) where the whole Panel meets in closed session to discuss the approach to the evening’s business - lines of questioning, particular interests, objectives and desired outcomes.

5.4 The work programme will continue to be planned by Chair working with Spokespersons and support officers and all Members can feed ideas in at any time. The Panel might like to consider whether a wider group should be consulted over work programme input, for example Parish Councils, PPI Forums.

5.5 Some topics which have been started this year will continue into next year. As well as these the following list of suggested topics also includes those that were unable to be accommodated this year:

(a) Dental provision in Milton Keynes.
(b) Alcohol misuse.
(c) Sexual Health Strategy 2004/07.
(d) Older People’s Healthcare.
(e) Work of MKPC (with Sir Bob Reid).
(f) Continuation of Diabetes study.