

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 March 2014
Officer	Director for Adult and Community Services
Subject of Report	Dorset Health Scrutiny Committee Liaison Members' Role
Executive Summary	<p>The Liaison Member role for Dorset Health Scrutiny Committee was formally defined in the wider Protocol agreed in 2007, with a view to strengthening relationships and reporting mechanisms for contact with health bodies and community organisations with a health theme. Since that time Members who have volunteered to take up the liaison roles have provided the Committee with feedback, but this has not always been done in a consistent way.</p> <p>Given the increased pressure on Members and supporting officers arising from increasing workloads and organisational changes to health bodies, this report considers amendments to the role of Liaison Member, in an attempt at simplification and clarification.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Dorset County Council Protocol for Dorset Health Scrutiny Committee, September 2007.</p>
	<p>Budget:</p> <p>Not applicable.</p>

	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>There is a risk that national guidance which is due to be published shortly conflicts in some way with the suggested amendment to this section of Dorset’s Protocol (section 5.6). If this were the case the Committee would have to reconsider any agreement made.</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	That the Committee consider the proposed amendment to the Liaison Member’s role as outlined in the current Protocol, and agree to the adoption of the more streamlined version.
Reason for Recommendation	The adoption of a more streamlined set of responsibilities for Liaison Members of the Dorset Health Scrutiny Committee would enable greater clarity regarding the role.
Appendices	None.
Background Papers	None.
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1. Introduction

- 1.1 The Protocol for Dorset Health Scrutiny Committee¹ was agreed in September 2007, the purpose being to “set out the roles and responsibilities of the County Council, Borough and District Council members”.
- 1.2 Section 5.6 of the Protocol outlines the role for those members designated as being liaison contacts with health bodies and community organisations with a health theme, as follows:

¹ Dorset County Council Protocol for Dorset Health Scrutiny Committee – <http://www.dorsetforyou.com/media.jsp?mediaid=121698&filetype=pdf>

- i. receive copies of board papers and annual reports;
- ii. initially attend board meetings;
- iii. be informed about any proposals for change or development to services and copied into press releases about the organisation and as a result broaden their knowledge about how the organisation is performing and what the services “at risk” may be;
- iv. meet at least annually with the Chairman and the Chief Executive of the organisation that they link to. Other committee members, such as the Committee Chairman may also participate in these meetings;
- v. be known to the appropriate PPI Forum or LINK body;
- vi. have a key role in commenting on performance of the body they link to as part of the Annual Healthcheck;
- vii. be able to lead discussion or debate in Committee or on behalf of the Committee when reports or scrutiny discussions take place;
- viii. communicate with the Committee Chairman before each meeting to ensure that he/she is aware of any potential problems or issues that the Member has identified, and;
- ix. liaise with local voluntary and community partnerships and other strategic groups as a way of ensuring that the Committee has sufficient information when it discusses issues of concern to all parts of the County.

2. Evolvement of the liaison role

- 2.1 Since the Protocol was agreed in 2007, Dorset Health Scrutiny Committee has appointed liaison members on a voluntary basis and as at March 2014 these are:

NHS Dorset Clinical Commissioning Group	Ronald Coatsworth
Dorset HealthCare University NHS Foundation Trust	Ros Kayes
Dorset County Hospital NHS Foundation Trust	Gillian Summers
South West Ambulance Service NHS Foundation Trust	Ronald Coatsworth

- 2.2 In recent years feedback from liaison members on the contact and involvement they had with the organisations to which they were assigned was a standing agenda item for each Committee meeting. However, it has become apparent that levels of involvement (and subsequent feedback) are variable, and that the time required to undertake all of the expected liaison tasks is increasingly difficult to achieve.

3. Proposed amended liaison role

- 3.1 In light of the difficulties outlined above, it is proposed that Members re-consider the liaison role within Dorset Health Scrutiny Committee, as follows:

LIAISON MEMBERS. These are to be appointed by the Dorset Health Scrutiny Committee to be the main contact with the NHS bodies currently operating in Dorset (NHS Dorset Clinical Commissioning Group, Dorset HealthCare University NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, South West Ambulance Service NHS Foundation Trust). The main responsibilities of the appointed Liaison Members are:

- i. To become aware of the working of the Trust/Board by meeting with key staff and attending Board and other meetings as appropriate.
- ii. To participate in the work of any Task and Finish group established to scrutinise the Trust/Board to which they are attached.
- iii. Receive copies of board papers and annual reports.
- iv. Be known to the appropriate Local Healthwatch contact.
- v. To give a brief oral/written report to the Committee on important or unusual events regarding the Trust/Board to which they are attached when appropriate.

Nomination and appointment of members to each of the liaison roles will be agreed by the Committee as required, and roles will be undertaken on a voluntary basis.

4. Conclusion

- 4.1 It is intended that the Dorset Health Scrutiny Committee Protocol as a whole be updated as soon as possible to reflect the many changes that have taken place both locally and nationally within the NHS and Local Government. However, the Department of Health is in the process of issuing national guidance for health scrutiny, which has been considerably delayed. Whilst it would be premature to fully revise Dorset's Protocol prior to receipt of the national guidance, it is felt that an amendment to the responsibilities of the liaison role would be helpful to the work of the Committee at this stage.
- 4.2 The changes proposed here will be reviewed when the national guidance is issued.