

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	7 June 2016
Officer	Director for Adult and Community Services
Subject of Report	Revised Protocol for Dorset Health Scrutiny Committee
Executive Summary	<p>The current Protocol under which the Dorset Health Scrutiny Committee operates was adopted in September 2007. Following amendments to the Regulations governing Health Scrutiny in 2013 and the publication of subsequent guidance in 2014, it is necessary to revise the local Protocol.</p> <p>The new Protocol:</p> <ul style="list-style-type: none">• Removes references to the scrutiny of the Supporting People Programme;• Sets out the Committee's Terms of Reference reflecting the new regulations and guidance and liaison with the Health and Wellbeing Board;• Clarifies membership;• Clarifies the Liaison Member role, as agreed by the Committee on 10 March 2014;• Notes the Committee's links with Healthwatch Dorset;• Clarifies administrative matters. <p>Appendix 1 sets out the new Protocol with all changes in red and underlined; Appendix 2 sets out the original Protocol.</p> <p>The revised Protocol was previously presented to the Dorset Health Scrutiny Committee on 8 March 2016. Members raised queries regarding two matters, which have now been clarified:</p>

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	<ul style="list-style-type: none"> • The removal of reference to the scrutiny of the Supporting People Programme relates to the transfer of this responsibility to the Adult and Community Services Overview Committee, which was agreed by Dorset Health Scrutiny Committee members on 11 March 2013; • Scrutiny of the Dorset Health and Wellbeing Board (HWB) is not within the remit of the Dorset Health Scrutiny Committee (DHSC). This was considered as part of the work of a task and finish scrutiny review undertaken by Dorset County Council members in late 2015/early 2016. The rationale behind the decision was as follows: <ul style="list-style-type: none"> ○ DHSC has a statutory role and terms of reference. It undertakes outward looking scrutiny of NHS bodies and proposals for substantial variations in the provision of health services. Part of the role of the HWB is also a scrutiny role. If DHSC was given a role in scrutinising the HWB then this would dilute and distract DHSC from its statutory role and result in the County Council having one scrutiny committee scrutinising the scrutiny conducted by another committee. The task and finish group reported to the Standards and Governance Committee on 25 January 2016 and their recommendations were subsequently agreed by the County Council on 15 February 2016. <p>As the proposed changes set out within the new Protocol are consequential of changes to regulations and guidance and clarify administrative matters, advice is that these changes can be approved by the Committee itself without the need for any referral to the County Council as host Council. In particular, there are no proposals to change the terms of reference of the Committee.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <hr/> <p>Use of Evidence:</p> <p>The revised Protocol is based on The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and associated Guidance published by the Department of Health in June 2014.</p> <hr/> <p>Budget:</p> <p>Not applicable.</p>

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	<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: MEDIUM Residual Risk: LOW</p>
	<p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<ol style="list-style-type: none"> 1 That Members consider and comment upon the proposed new Protocol and agree to its adoption. 2 That the new Protocol be posted on Dorset for You, replacing the current version, and circulated to key partners.
<p>Reason for Recommendation</p>	<p>The current Protocol was adopted in September 2007 and no longer reflects current regulation and guidance.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> 1 Protocol for Dorset Health Scrutiny Committee – March 2016 2 Protocol for Dorset Health Scrutiny Committee – September 2007 version
<p>Background Papers</p>	<p>The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: http://www.legislation.gov.uk/uksi/2013/218/contents/made</p> <p>Joint Protocol between Dorset Health Scrutiny Committee and Healthwatch Dorset, November 2014: DHSC Nov 2014 Joint Protocol with Healthwatch Report</p> <p>Report to Dorset Health Scrutiny Committee re Supporting People Programme, 11 March 2013: Supporting People Programme Report 11 Mar 2013</p>
<p>Report Originator and Contact</p>	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>



Dorset County Council

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Protocol for Dorset Health Scrutiny Committee – March 2016

1.0 Purpose of the Protocol

To set out the roles and responsibilities of County Council, Borough and District Council members of the Dorset Health Scrutiny Committee.

2.0 The role of the Dorset Health Scrutiny Committee

- 2.1 The Health and Social Care Act 2001 provided explicit powers for Councils with Social Services Responsibilities to scrutinise health services within the authority's area as part of their wider role in health improvement and in reducing health inequalities for their area and its inhabitants.
- 2.2 The Dorset Health Scrutiny Committee was established jointly with the six borough and district councils (Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council) to review and scrutinise matters relating to the health service in Dorset and to make reports and recommendations to local NHS bodies on these matters with the aim of helping to improve the health of the people of Dorset and reduce health inequalities.
- 2.3 [The Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013 and associated Guidance published by the Department of Health in June 2014 set out revised powers and duties, and are reflected in this Protocol.](#)

3.0 What the Committee Does

- 3.1 The Dorset Health Scrutiny Committee [reviews and scrutinises matters pertaining to the planning \(including commissioning\), provision and operation of health services in the area of the County Council.](#)
- 3.2 [The Committee has the power to require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny, and it can require employees of certain NHS bodies to attend meetings to answer questions.](#)
- 3.3 The Committee has the power to delegate authority to borough and district councils to undertake reviews of health services.
- 3.4 The following principles will guide the work of the Health Scrutiny Committee:
- I. work will focus on health improvement and reducing health inequalities within the local authorities' population;

- II. health improvement is a shared responsibility. The health of any area is affected by more than the NHS and many agencies, including the Council, are involved in it;
- III. the committee will work in liaison with patient and public engagement forums, particularly Healthwatch Dorset, as part of a Patient-Led NHS and will listen to and reflect the views of residents, patients, service users and carers;
- IV. health scrutiny should be a constructive activity - our partners in health should view any interchange as positive, if at times challenging and aimed at improving the health of local people. It is intended that health scrutiny should bring something new to reviews of the NHS and will not duplicate the many other forms of performance management and inspection that exist in the NHS and elsewhere and;
- V. health service issues should be considered objectively and without regard to political affiliation.

4.0 Terms of Reference

In relation to the Committee's work on Local Authority Overview and Scrutiny of Health:

- (a) To review and scrutinise matters pertaining to the planning (including commissioning), provision and operation of health services in the area of the County Council;
- (b) To make reports and recommendations to relevant NHS Bodies and/or relevant health service providers and also to the Cabinet and other relevant committees of the County Council on any matter which is reviewed or scrutinised;
- (c) To give notice to require the Cabinet or the County Council to consider and respond to any reports or recommendations arising from the committee's work within two months of receipt;
- (d) Where relevant NHS Bodies and/or relevant health service providers have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service:
 - (i) To receive reports from the relevant NHS Bodies and/or relevant health service providers;
 - (ii) To comment on the proposal(s); and
 - (iii) To report in writing to the Secretary of State where any of the circumstances set out in paragraph 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 apply;
- (e) To arrange for its functions under the 2013 Regulations to be discharged by an Overview and Scrutiny Committee of another local authority where that Overview and Scrutiny Committee would be better placed to undertake the functions and the other authority agrees;
- (f) In accordance with regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to appoint joint committees with other local authorities to exercise relevant functions under the said Regulations;
- (g) From time to time, as appropriate, to appoint a task and finish group consisting of members of the Committee to consider specific local issues relating to the overview and scrutiny of health;
- (h) To liaise and cooperate with the Dorset Health and Wellbeing Board as set out under the Memorandum of Understanding agreed by both parties in September 2015.

4.1 Membership – Total 12:

6 members of the County Council, or such higher minimum number which is necessary to achieve representation from the three main political groups based on the political balance rules. Every effort being made so that each represents an area of the county which coincides with the district/borough council area in which their County Council electoral division is located, ie one County Council member to represent each of the following areas: Christchurch, East Dorset, North Dorset, Purbeck, West Dorset and Weymouth and Portland.

1 member representing each of the 6 District/Borough Councils in Dorset.

5.0 Role and Responsibilities of Members of Dorset Health Scrutiny Committee

The roles and responsibilities are set out below:-

5.1 Chairman and Vice Chairman:

- provide leadership and direction;
- endeavour to engage all members of Committee;
- act as 'gatekeeper', prioritising, with the committee, the main work to be undertaken;
- co-ordinate with other scrutiny committees and chairmen, including the Dorset Health and Wellbeing Board, and share learning;
- develop a constructive, 'critical friend' relationship with the chief officers in the Trusts and Departments that the Committee scrutinises.

5.2 Members:

- have a commitment to attend meetings, training and briefing sessions;
- be willing to act as liaison person to a specific NHS body, organisation or specific community and lead on liaison with that body;
- be willing to act as liaison person with local health groups;
- as community leaders, have a keen interest in the improvement of health of the people of Dorset;
- not be a member of the executive body of either the county, district or borough council which they represent on the Committee.

Where a specific local issue relating to the overview and scrutiny of health arises, the opportunity to participate in the work of Dorset Health Scrutiny Committee will be made available to elected members in the relevant district or borough council.

5.3 Members' interests

The work of Committee is varied and may on occasion have a direct impact on members or involve witnesses who are known to them. At the start of the meeting and in the usual way, members are expected to make a declaration of any interest which they have. As such an interest may only become apparent during the meeting as evidence is given. Members are expected to remain alert to either disclosable pecuniary interests under the Localism Act or potential conflicts of interest throughout. If such an interest or conflict becomes apparent members are expected to declare its existence.

5.4 Role of Cabinet members

Under the Localism Act 2011 executive members and officers of a local authority could be requested to appear before a scrutiny committee, but in general they will not be expected to take part in or attend scrutiny meetings.

5.6 Liaison between Health Scrutiny Committee and Health Bodies

Liaison members 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.

6.0 Involving stakeholders

- 6.1 Health scrutiny provides opportunities for community involvement and democratic accountability. Engagement with patients and the public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Health Scrutiny Committee.
- 6.2 Patients and the public bring different perspectives, experiences and solutions to health scrutiny, particularly if a wide range of people is heard (including young people, people with disabilities, people from black and minority ethnic communities and people from lesbian, gay, bisexual and transgender communities).
- 6.3 This engagement will help the Health Scrutiny Committee to understand the service user's perspective on individual services and on co-ordination between services. It will also help the committee to take a view on how NHS bodies are meeting their statutory duties to consult and involve local people in the development of services as well as on specific issues.
- 6.4 Patients and the public may be involved in identifying areas of interest for scrutiny, providing views on and relating their experiences of service provision. Views can be heard directly by the Committee through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys.
- 6.5 The Health Scrutiny Committee agreed a formal Protocol in November 2014 setting out the way in which it would work with Healthwatch Dorset, as the consumer

champion for health and social care. The Regulations governing health scrutiny require that the Committee has a mechanism in place to respond to any concerns that Healthwatch may refer to it, including acknowledgement of such referrals within 20 working days. In addition, the Protocol commits both bodies to share work programmes and clarifies the meetings to which a representative of Healthwatch will be invited as an active participant.

7.0 Meetings

7.1 Scrutiny Committee meetings present two main opportunities:

- I. for members and the public to get involved in scrutiny;
- II. for scrutiny to demonstrate publicly that it is fulfilling its responsibility in holding local health bodies to account.

Scrutiny meetings are planned in such a way to achieve this.

7.2 Agendas

The agenda is overseen by the Chairman/ Vice Chairman of the Committee and they are consulted on any potential scrutiny agenda items before the agenda is published.

7.3 Briefing papers

Preparation is central to the business of scrutiny. Prior to the meeting officers will meet with the Chairman and Vice-Chairman to preview the agenda papers to help to develop a shared understanding of:

- the issue or topic under scrutiny;
- how they may want to approach the exercise in terms of drawing out the issues of concern and how the matter can be brought to resolution.

7.4 Witnesses in Scrutiny

Anyone can be invited to attend a scrutiny meeting to provide information or answer questions. They can be officers of the Council or a representative from an NHS Body or other outside organisation or a member of the public. All witnesses should be given advance formal notice if they are asked to give evidence at a Scrutiny Committee meeting. They will be supported so that they know what to expect, in a manner which is sufficient and appropriate.

7.5 Questioning

Questioning and interviewing are central facets of scrutiny. Whilst probing lines of questions will be taken by members, witnesses will be treated with courtesy and respect. It is important for members to consider the view of the person facing the scrutiny committee, how to get the most from them and how to put them at their ease.

7.6 Conditions for effective scrutiny

For scrutiny to be effective the following conditions are required:

- member leadership and engagement;

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- responsive executive;
- genuine non-partisan working;
- effective direct officer support and management of the scrutiny process;
- supportive senior officer culture; and
- high level of awareness and understanding of the work of overview and scrutiny.

8.0 Recommendations

- 8.1 Recommendations represent an independent view based upon evidence received.
- 8.2 The committee can make reports and recommendations to the NHS bodies on any issue scrutinised but they have no power to make decisions or to require that others act upon their suggestions, although NHS bodies are required to respond in writing to recommendations made within 28 days.
- 8.3 In their response the NHS body can set out its view about the recommendations, the proposed action in response to the recommendations and any reason for inaction to the recommendations.
- 8.4 Where there is a substantial variation or development in service the Committee must be satisfied that the content of the consultation was sufficient, as was the time allowed.

9.0 Referrals to the Secretary of State

- 9.1 A referral to the Secretary of State can be made by the Committee where:
- The consultation has been inadequate in relation to the content or the amount of time allowed;
 - The NHS has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff;
 - A proposal would not be in the interests of the health service in the area (in which case the Committee must set out the grounds on which it has reached this conclusion).

Key references

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: http://www.legislation.gov.uk/ukxi/2013/218/pdfs/ukxi_20130218_en.pdf

Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny (June 2014):
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

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1.0 Purpose of the Protocol

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2.0 The role of the Dorset Health Scrutiny Committee

2.1 The Health and Social Care Act 2001 provided explicit powers for Councils with Social Services Responsibilities to scrutinise health services within the authority's area as part of their wider role in health improvement and in reducing health inequalities for their area and its inhabitants.

2.2 The Dorset Health Scrutiny Committee was established jointly with the six borough and district councils (Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council) to review and scrutinise matters relating to the health service in Dorset and to make reports and recommendations to local NHS bodies on these matters with the aim of helping to improve the health of the people of Dorset and reduce health inequalities.

3.0 What the Committee Does.

3.1 The Dorset Health Scrutiny Committee:-

- considers proposals by NHS organisations on substantial developments of or variations to services;
- has an annual work programme of areas to review; and
- scrutinises the Supporting People Programme in Dorset.

3.2 The Committee has the power to delegate authority to borough and district councils to undertake reviews of health services.

3.3 The following principles will guide the work of the Health Scrutiny Committee:

- i. work will focus on health improvement and reducing health inequalities within the local authorities' population;
- ii. health improvement is a shared responsibility. The health of any area is affected by more than the NHS and many agencies, including the Council, are involved in it;
- iii. the committee will work in liaison with relevant Public and Patient Involvement Forums as part of a Patient-Led NHS and will listen to and reflect the views of residents, patients, service users and carers;
- iv. health scrutiny should be a constructive activity - our partners in health should view any interchange as positive, if at times challenging and aimed at improving the health of local people. It is intended that health scrutiny should bring something new to reviews of the NHS and will not duplicate the many other forms of performance management and inspection that exist in the NHS and elsewhere and

- v. health service issues should be considered objectively and without regard to political affiliation.

4.0 Terms of Reference

In relation to the Committee's work on the Supporting People Programme:-	
(a)	To consider and make recommendations to the Cabinet on the Supporting People Strategy, including the submission of commissioning plans, as required;
(b)	To scrutinise the implementation of the programme, including the effect which this has on different groups of vulnerable people;
(c)	To monitor and review the pattern of provision across the area of the County Council and the arrangements for consultation and the involvement of the public, including those from minority ethnic communities.
In relation to the Committee's work on Local Authority Overview and Scrutiny of Health:-	
(a)	To review and scrutinise matters relating to the planning, provision and operation of health services in the area of the County Council;
(b)	To make reports and recommendations to the local NHS bodies and to the Cabinet and other relevant Committees on any matter reviewed or scrutinised;
(c)	To receive reports from local NHS bodies where they have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service;
(d)	In accordance with regulation 7 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 and directions issued by the Secretary of State under regulation 10, to establish joint committees with other Councils with Social Services Responsibilities to exercise the above functions;
(e)	To arrange for the above functions to be carried out by an overview and scrutiny committee of another local authority where that authority would be better placed to undertake them and the authority in question agrees;
(f)	From time to time, as appropriate, to appoint a panel of members of the Committee to consider specific local issues relating to the overview and scrutiny of health.

5.0 Role and Responsibilities of Members of Dorset Health Scrutiny Committee

The roles and responsibilities are set out below:-

5.2 Chairman and Vice Chairman:

- provide leadership and direction;
- endeavour to engage all members of Committee;
- act as 'gatekeeper', prioritising, with the committee the main work to be undertaken;
- co-ordinate with other scrutiny committees and chairmen and share learning;
- develop a constructive, 'critical friend' relationship with the chief officers in the Trusts and Departments that Committee scrutinises.

5.2 Members:

- have a commitment to attend meetings, training and briefing sessions;
- be willing to act as liaison person to a specific NHS body, organisation or specific community and lead on liaison with that body;
- be willing to act as liaison person with local health groups;
- as community leaders, have a keen interest in the improvement of health of the people of Dorset;
- not be a member of the executive body of either the county, district or borough council which they represent on the Committee.

Where a specific local issue relating to the overview and scrutiny of health arises, the opportunity to participate in the work of Dorset Health Scrutiny Committee will be made available to elected members in the relevant district or borough council.

5.3 Members' interests

The work of Committee is varied and may on occasion have a direct impact on members or involve witnesses who are known to them. At the start of the meeting and in the usual way, members are expected to make a declaration of any interest which they have. As such an interest may only become apparent during the meeting as evidence is given, members are expected to remain alert to potential conflicts of interest throughout. If such a conflict becomes apparent members are expected to declare its existence including whether it is personal or prejudicial.

5.4 Role of Cabinet members

Under the Local Government Act 2000 executive members and officers of a local authority could be requested to appear before a scrutiny committee, but in general they will not be expected to take part in or attend scrutiny meetings.

5.6 Liaison between Health Scrutiny Committee and Health Bodies and Community Organisations with a health theme:

Those members of Health Scrutiny committee who act as the point of liaison between the Committee and a health body or health themed community organisations should:

- i. receive copies of board papers and annual reports;
- ii. initially attend board meetings;

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- iii. be informed about any proposals for change or development to services and copied into press releases about the organisation and as a result broadens 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 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.

6.0 Involving stakeholders

- 6.1 Health scrutiny provides opportunities for community involvement and democratic accountability. Engagement with patients and the public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Health Scrutiny Committee.
- 6.2 Patients and the public bring different perspectives, experiences and solutions to health scrutiny, particularly if a wide range of people is heard (including young people, disabled people, people from black and minority ethnic communities and people from lesbian gay bisexual and transgender communities).
- 6.3 This engagement will help the Scrutiny Committee to understand the service user’s perspective on individual services and on co-ordination between services. It will also help the committee to take a view on how NHS bodies are meeting their statutory duties to consult and involve local people in the development of services as well as on specific issues.
- 6.4 Patients and the public may be involved in identifying areas of interest for scrutiny, providing views on and relating their experiences of service provision. Views can be heard directly by the Committee through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys. From time to time a committee may wish to carry out engagement activities of its own, by holding discussion groups or sending questionnaires on particular issues of interest.

7.0 Meetings

- 7.1 Scrutiny Committee meetings present two main opportunities:
 - i. for members and the public to get involved in scrutiny
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Scrutiny meetings are planned in such a way to achieve this.

7.2 Agendas

- 7.2.1 The agenda is overseen by the Chairman/ Vice Chairman of the Committee and they are consulted on any potential scrutiny agenda items before the agenda is published.

7.3 Briefing papers

- 7.3.1 Preparation is central to the business of scrutiny. Prior to the meeting officers will prepare briefing papers that help develop a shared understanding of:
- the issue or topic under scrutiny
 - how they may want to approach the exercise in terms of drawing out the issues of concern and how the matter can be brought to resolution.

7.4 Witnesses in Scrutiny

- 7.4.1 Anyone can be invited to attend a scrutiny meeting to provide information or answer questions. They can be officers of the Council or a representative from an NHS Body or other outside organisation or a member of the public.
- 7.4.2 All witnesses should be given advance formal notice if they are asked to give evidence at a Scrutiny Committee meeting. They will be supported so that they know what to expect and asked to provide feedback to ensure the support they were offered was sufficient and appropriate.

7.6 Questioning

Questioning and interviewing are central facets of scrutiny. Whilst probing lines of questions will be taken by members, witnesses will be treated with courtesy and respect. It is important for members to consider the view of the person facing the scrutiny committee, how to get the most from them and how to put them at their ease.

7.6 Conditions for effective scrutiny

For scrutiny to be effective the following conditions are required:

- member leadership and engagement,
- responsive executive,
- genuine non-partisan working,
- effective direct officer support and management of the scrutiny process,
- supportive senior officer culture, and
- high level of awareness and understanding of the work of overview and scrutiny.

8.0 Recommendations

- 8.1 Recommendations represent an independent view based upon evidence received.
- 8.2 The committee can make reports and recommendations to the NHS bodies on any issue scrutinised but they have no power to make decisions or to require that others act upon their suggestions, although NHS bodies are required to respond in writing to recommendations made.

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- 8.3 In their response the NHS body can set out its view about the recommendations, the proposed action in response to the recommendations and any reason for inaction to the recommendations.
- 8.4 Where there is a substantial variation or development in Service the Committee must be satisfied that the content of the consultation was sufficient, as was the time allowed.

9.0 Referrals to the Secretary of State

- 9.2 A referral to the Secretary of State can be made by the Committee where:
- consultation has been inadequate with the Committee
 - the committee feels the proposal is not in the interests of the health service in its area (in which case the Committee must set out the grounds on which the Committee has reached this conclusion)

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