

8. Holding the council to account

Overview and scrutiny

Overview and scrutiny is at the heart of local accountability. It is the principal, democratic means, between elections, of ensuring that decisions made by the council and its partners are held to account. It also ensures that all councillors can take part in the development of council policy.

In many councils, scrutiny has built up a reputation as a strong voice in the policy development process and a place where ideas for improvement can be debated and evaluated.

Since 2012, councils have been able to move to a committee system for decision-making. Councils that choose this option don't have to operate an overview and scrutiny committee. However, councils that operate executive arrangements (with a cabinet or an elected mayor) must continue to have at least one.

Overview and scrutiny has some specific statutory powers – such as the scrutiny of health bodies and certain other partner organisations. For this reason, early adopters of the committee system have chosen to retain an overview and scrutiny committee as part of their new structure.

Many councils now carry out the bulk of their detailed scrutiny work in informal, time-limited task groups. Task groups can carry out investigations into any issue, collecting evidence from a range of sources. They make recommendations which, through a scrutiny committee, are sent to the council's cabinet to be either accepted or rejected.

Formal duties

The formal duties of scrutiny vary depending on the type of authority. In two-tier areas, only counties are responsible for scrutinising the health service, while the districts/ boroughs take on lead responsibility for crime and disorder scrutiny in their areas.

All councils have a range of scrutiny powers to hold partner organisations to account, and scrutiny can investigate any issues which members believe are affecting the local authority area, or its residents, to discuss proposals and to make recommendations.

Getting it right

Scrutiny has no formal powers to stop the cabinet doing something (or to make it do something), but it's far from toothless. If members work to build positive relationships with the cabinet and external partners, and make recommendations clearly based on evidence rather than partisan politics, it can act as a constructive, critical friend and can have significant influence over policy.

This is best achieved by scrutiny carrying out timely, relevant work that focuses on tangible outcomes for local people, and producing meaningful and realistic recommendations. The executive also has a responsibility to ensure that scrutiny is properly resourced and supported and that they engage with it openly and honestly.

Health scrutiny

County and unitary councils have specific responsibility for holding the health service to account when local health bodies are planning “substantial variations” of services.

Health scrutiny is one of the most important ways that councils can respond to the concerns of their residents about their health and wellbeing. It enables councillors to scrutinise how local needs are being addressed, how health services are run and how they can be improved.

It can be a challenging task. The Francis enquiry’s report into deaths at Mid-Staffordshire Hospital found that health scrutiny had been ineffective in identifying failures and poor care. This should be a catalyst for councils to recognise its important role – not only in holding to account acute trusts and other health bodies, but in bringing about change to improve health and reduce health inequalities.

Further information

The Centre for Public Scrutiny promotes the value of scrutiny and accountability in public services. It is part-funded with an LGA grant specifically to provide advice and guidance to councillors and officers with a scrutiny role.



Visit www.cfps.org.uk for more information. The ‘library’ section includes a range of recent case studies. There is a helpdesk telephone line on 020 7187 7362 and you can email info@cfps.org.uk for scrutiny advice.

Housing Ombudsman Service

The Localism Act 2011 transferred the housing functions of the Local Government Ombudsman to the Housing Ombudsman Service (HOS) from April 2013. The remit of the HOS has been extended to cover the tenants of local authority housing as well as those of registered providers of social housing.

Tenants of registered providers can request that their complaints be considered by a ‘designated person’ once they complete their landlord’s internal procedure. Such a person can be an MP, a local councillor or a recognised Tenant Panel. The designated person may help resolve the complaint directly, refer the complaint to the ombudsman, or decline to do either. In the latter case, the complainant can approach the ombudsman for its consideration of their complaint.



For more information visit:
www.housing-ombudsman.org.uk

10. Councils and health

Social, economic and environmental conditions – including the conditions in which people are born, grow, live, work and age – influence the health of individuals and population. Improving the health and wellbeing of citizens has long been a role that is shared by local government and the National Health Service (NHS). Traditionally, the NHS has provided medical and clinical care, whilst councils have been responsible for social care – such as residential and home-based care, day centres, transport schemes like dial-a-ride and meals on wheels.

However, health inequality – the gap between the healthiest and least healthy in society – is widening. This has led to major changes in the way that health and social care is provided as part of a major strategy to address health inequalities based around six policy objectives:

1. giving every child the best start in life
2. enabling all children, young people and adults to maximise their capabilities and have control over their lives
3. creating fair employment and good work for all
4. ensuring a healthy standard of living for all
5. creating and developing sustainable places and communities
6. strengthening the role and impact of ill-health prevention.

The Health and Social Care Act 2012 introduced major new powers and responsibilities for councils and transferred

many public health services and staff to local government. New responsibilities range from the schools weighing and measuring programme to fluoridation of water, sexual health and dental public health. Directors of public health are now employed by local authorities and appointed jointly with Public Health England. All unitary and county councils now have statutory duties to improve health outcomes and address health inequalities, and must:

- set up health and wellbeing boards
- develop joint strategic needs assessments and joint health and wellbeing strategies
- promote integration of health, social care and other services to improve health outcomes
- procure Local Healthwatch, a new patient and public involvement body for health and care services.

These changes are part of a much wider set of proposals that will put most of the



Health and wellbeing boards

Health and wellbeing boards are now a statutory committee of the council, and as a minimum must include at least one councillor along with the directors of adult social care, children's service and public health, representatives of local clinical commissioning groups and a representative from Local Healthwatch. The LGA has provided support to shadow health and wellbeing boards and will continue to develop and refine a specific sector-led offer to health and wellbeing boards.

NHS budget into the hands of **clinical commissioning groups (CCGs)**. Led by GPs, they will commission local health services from health providers in the public, private and not-for-profit sectors.



Local Healthwatch

Local Healthwatch will speak on behalf of patients, carers and the community on health, adult social care and public health issues and act as the consumer and citizen champion for health and care services in the area. It will link into local overview and scrutiny arrangements.

Read more in our supporting publications:

'Establishing Local Healthwatch: introduction and the local authority role'

'Local Healthwatch and community leadership: the role of non-executive councillors'

'Involving Local Healthwatch: the role of chairs and members of health and wellbeing boards'

Councillors and health

Councillors have an important role in identifying the health and wellbeing priorities for their communities. Some will occupy key positions on the new health and wellbeing boards. Others will be non-executive directors on the boards of mental health, community and acute trusts, or be involved in voluntary and community organisations.



For more information go to:
www.local.gov.uk/health



Councillor Michael Payne
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As deputy leader of the council, my days are often busy and always incredibly varied. Facing a new challenge every day is part of what makes being a councillor so interesting. Learning so many new skills in order to meet these challenges head-on is what makes the role so rewarding.

My time is split into thirds between ward casework/keeping in touch with my constituents; work relating to my cabinet roles; and building relationships with partner organisations and businesses. Effective time management is without doubt one of the most important skills a councillor needs.

My two ward colleagues are from the same party as me, so we've split the ward into three areas to share the workload. Having a good relationship with your fellow ward councillors is crucial and it's important to keep in touch with them.

When I was elected I thought the public would expect councillors to know everything. They don't. Legislation is constantly changing, local issues come and go and there's just too much to know. So don't be afraid to ask for help, either from officers or more experienced councillors.

When I was elected I set myself a goal of getting a new footpath with street lights in a neglected part of my ward. Four months later I achieved it. The amount of thanks and recognition I received for that is what makes being a councillor so great.