





Brighton & Hove  
City Council

# Overview & Scrutiny

Title:	<b>Overview &amp; Scrutiny Commission</b>
Date:	<b>8 September 2009</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> Mitchell (Chairman), Alford, Bennett, Elgood, Meadows, Morgan, Older, Peltzer Dunn, Pidgeon (Deputy Chairman), Randall and Wakefield-Jarrett
Contact:	<b>Tom Hook</b> <b>Head of Overview &amp; Scrutiny</b> 29-1110 tom.hook@brighton-hove.gov.uk

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### 36. ITEMS TO TAKE FORWARD TO CMM CABINET OR COUNCIL

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For further details and general enquiries about this meeting contact Mary van Beinum, Overview & Scrutiny Support Officer, (29-1062, email [mary.vanbeinum@brighton-hove.gov.uk](mailto:mary.vanbeinum@brighton-hove.gov.uk)) or email [scrutiny@brighton-hove.gov.uk](mailto:scrutiny@brighton-hove.gov.uk)

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**BRIGHTON & HOVE CITY COUNCIL  
OVERVIEW & SCRUTINY COMMISSION  
4.00PM 14 JULY 2009  
COUNCIL CHAMBER, HOVE TOWN HALL  
MINUTES**

**Present:** Councillors; Pidgeon, (Chairman) Alford, Bennett, Elgood, Morgan, Older, Peltzer Dunn, Pidgeon (Deputy Chairman), Wakefield-Jarrett, McCaffery and Kennedy

**PART ONE**

**12. PROCEDURAL BUSINESS**

**12A. Declarations of Substitutes**

12.1 Councillor Pidgeon was acting as Chairman for the meeting as Councillor Mitchell was unable to attend for personal reasons.

Councillor Meadows had given her apologies.

Councillor McCaffery was acting as substitute for Councillor Mitchell.

Councillor Kennedy was acting as substitute for Councillor Randall.

**12B. Declarations of Interest**

12.2 There were none.

**12C. Declarations of Party Whip**

12.3 There were none.

**12D. Exclusion of Press and Public**

12.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

**12.5 RESOLVED** – That the press and public be not excluded from the meeting.

The Chairman reminded the Commission that the meeting was being webcast.

### **13. MINUTES OF THE PREVIOUS MEETING**

- 13.1 **RESOLVED** - That the minutes of the meeting held on 2 June 2009 be approved and signed by the Chairman.

### **14. PUBLIC QUESTIONS/LETTERS FROM COUNCILLORS/NOTICES OF MOTION REFERRED FROM COUNCIL**

- 14.1 There were no public questions, letters from Councillors or notices of motion.

### **15. CHAIRMAN'S COMMUNICATIONS**

- 15.1 Councillor Pidgeon confirmed that he was chairing today's meeting as Councillor Mitchell was unable to attend for personal reasons.
- 15.2 The Overview & Scrutiny Annual Report was on the agenda for the forthcoming council meeting on 16 July 2009; Councillor Mitchell was due to present the report as Chairman of the Commission.

### **16. BUDGET PROVISIONAL OUT-TURN 08/09**

- 16.1 The Head of Financial Services presented the report to the Commission. It was explained that the report had been to Cabinet in June 2009 and that there had been no change in the provisional figures submitted in the report.
- 16.2 The Commission heard that there had been an improvement in the council's position since Month 9 (when the figures had last been presented to the Commission); this was mainly due to an underspend in the concessionary fares budget, in part due to a lower usage than anticipated and monies held against potential legal challenges.
- 16.3 There had been an overall underspend in Directorate budgets, despite service pressures.
- 16.4 In terms of the capital programme, there had been a number of major re-profiles due to the King Alfred Leisure Centre and the Laines Car Park development, with significant slippage on the Civitas scheme.
- 16.5 Councillor Peltzer Dunn queried an item on pages 13/14 of the report, regarding loss of investment income as he understood that the council had not made losses on its investments. It was confirmed that there had been no investment losses but an under-achievement of the budgeted investment rate.
- 16.6 **RESOLVED** – to note the report.

## 17. SCRUTINY OF BUDGET PROPOSALS

- 17.1 The Head of Overview & Scrutiny presented the report to the Commission, explaining that it had been requested following last year's scrutiny of the budget proposals. The report provided a comparison of budget scrutiny arrangements in a number of local authorities.
- 17.2 The Head of Strategic Finance and Procurement confirmed that the most significant change was to the budget timetable for next year, outlined in 3.4.8 of the report appendix. Budget strategies would be submitted to Cabinet on 3 December. The comparisons that had been carried out showed that most authorities produced their key budget information in January/ February.
- 17.3 It had been proposed at Cabinet that, for Brighton and Hove, budget strategies would be produced for 3 December, so the bulk of the budget information would be in the public domain from that time. It was proposed that the strategies would include information on budget proposals for the next three years, including the direction of travel for the directorate, strategic context, financial and service pressures for each service, any proposals to re-invest into the service, value for money information, key risks, staffing implications and bench marking for each service amongst other things.

This timetable would ensure that the Commission had further time to consider what scrutiny might be needed of the proposed budget strategies and the overall budget package.

- 17.4 Councillor Peltzer Dunn commented that it had been interesting to see information about other authorities and asked what the scrutiny benefits were considered to be for the proposed arrangements. The Head of Overview & Scrutiny said that it was generally considered advantageous to have further time for consultation and scrutiny.
- 17.5 Councillor Elgood welcomed the proposals, noting that the previous administration had published their budget proposals in November/ December each year. Councillor Elgood said that he would like to see individual Commission meetings for each budget area; he would also welcome the opportunity to scrutinise opposition budget proposals. Both of these suggestions were supported by other Commission members.
- 17.6 The Head of Overview & Scrutiny confirmed that the Commission could hold individual meetings for each section of the budget proposals, or this could be devolved to each Scrutiny Committee. It was suggested that the best way forward would be for Overview & Scrutiny to work with the Finance Team to draw up a proposed scrutiny timetable.
- 17.7 Councillor Wakefield-Jarrett thought it would be useful for individual committees to look at their budgets; she asked whether public consultation was carried out on the budget proposals or whether this was planned.

The Commission heard that budget consultation was carried out with the Budget Review Group, which had cross-party representatives on it. The Group had recently discussed consultation for next year. Last year, 1, 500 responses had been received to the budget

questionnaire, a 26% response rate. Local businesses were invited to respond separately.

- 17.8 **RESOLVED** – (a) that the updates be noted and (b) that Overview & Scrutiny work with the Finance Team on proposals for future budget scrutiny.

## 18. EQUALITIES UPDATE

- 18.1 The Head of Equalities and Inclusion presented the six-monthly update report to the Commission. The Commission heard that, six months ago, the council had been working towards the Equality Standard assessment; the Head of Equalities and Inclusion was very pleased to be able to say that the council had achieved Equalities Standard Level 3 at the end of March 2009. This had now been replaced by a new Equalities framework, which was more focussed on outcomes and the council's assessment had been migrated to the new framework, being assessed as 'achieving', with 'excellent' being the next level to aspire to. The report provided an update on a number of issues relating to the Equalities Standard.

Members heard about the City Inclusion Partnership; the most recent meeting had been last week and it had been agreed that there would be an Equalities charter for the city, rather than having a shared equalities framework. The council would now be working to produce a council-wide single equalities scheme, which would link in to the proposed Charter.

- 18.2 Councillor McCaffery thanked the Head of Equalities and Inclusion for all of her team's hard work over the year, this was very welcomed. Councillor McCaffery had noticed positive movement across the city in terms of equalities, including the redefinition of the BME categorisation to include White European, and the positive recognition of the LGBT work carried out. Councillor McCaffery queried the statement on page 83 about scrutiny not having been used to monitor progress in the past; she felt this was a little inaccurate.

Councillor McCaffery was surprised to see that so few Equalities impact assessments had been completed over the last year; she had raised this at full council previously. Councillor McCaffery was looking forward to seeing more progress in the future and hoped that it would be monitored.

Councillor McCaffery was also concerned at how members were kept informed about equalities information as this seemed to be an area that should be improved. Councillor McCaffery was the lead opposition spokesperson for equalities and was surprised to see a number of significant issues in the report of which she had not been made aware

- 18.3 Councillor Kennedy supported Councillor McCaffery's comments; she had concerns about the City Inclusion Partnership's method of working as meetings were held in private. Previously, the Equalities Forum had met in public which had allowed for minority groups to engage with policy formation and air their concerns; there did not seem to be a suitable forum for this to happen in a suitable way. Councillor Kennedy asked for the City Inclusion Partnership's remit to be reviewed.



- 18.4 Councillor Elgood commented that the peer challenge report was an excellent piece of work, and suggested that the Commission should keep a close eye on future areas of work that the report raised. Councillor Elgood would have liked to see more target dates in the council's response, and asked that the next update could provide this information. Councillor Elgood commented on the range of issues raised to do with staff issues, for example the staff bus not being accessible to staff with mobility impairment; he asked for further information on staffing issues to be brought to a future Commission meeting. Councillor Bennett supported this request.
- 18.5 Councillor Peltzer Dunn asked for clarification of the dates that were referred to in the report, and for more information about the work programme for the next six months. The Head of Equalities and Inclusion confirmed that the last report had come to the Commission in January 2009, and that this was the six-monthly report following that one. It was agreed that there was more work to be done in drawing up the next work plan to reflect the key issues. In particular, there was a mis-print on p 109 of the report, and it should have referred to 2009 in general.
- 18.6 There was a discussion about the suitability of the City Inclusion Partnership as a forum for issues to be raised. Concerns included the frequency of meetings, which were now held quarterly, that the meetings were held in private and that the meetings were outside of the council's constitution. Previously, the Equalities Forum had met in public. The Chairman said that he would like to see a return to these arrangements; this was supported by Councillor Elgood, who suggested a working group to look at disability issues. Councillor McCaffery said that she had raised these issues with the Governance Committee previously.

The Head of Equalities and Inclusion explained that a cross-party working group had already been established to look at this issue, at the request of Councillor David Watkins. The group was due to meet for the first time next week and it might be appropriate to wait for the outcome of that meeting before any proposed panel was established. It was intended that the group's work would inform the constitutional review. Members on the working group included Councillors Pidgeon, McCaffery, Wakefield-Jarrett, Watkins and Simpson.

The Head of Overview and Scrutiny suggested that the Commission might like to write to the Cabinet Member for Equalities to outline its concerns and seek a response, prior to setting up a potential ad hoc panel. In light of the information about the working party, it would seem to be a duplication of work if a panel was established at today's Commission. Members agreed to wait until the working party had reported before deciding on a course of action.

Councillor Elgood welcomed the working party but also proposed a scrutiny review on disability issues, perhaps looking at workforce issues as well as the wider issues raised by Commission members.

The Head of Overview and Scrutiny requested that it might be more appropriate to have a scoping report before agreeing any scrutiny panels so that work could be coordinated across directorates and committees. This was agreed by members.

- 18.7 **RESOLVED** – (a) that a scoping report be brought to the next Commission meeting and (b) that the achievements to date be noted.

## 19. SUSTAINABLE COMMUNITY STRATEGY

- 19.1 The Head of Partnerships and External Relations presented the report to the Commission. This report was an initial summary of changes to the first draft of the Sustainable Community Strategy (SCS), which was the overarching strategic document for the city, drawing together the main strategies from the various partners in the city including the public sector, the local authority and the private sector amongst others. It was intended to be a twenty year vision for the city, with some of the plans being aspirational, others being more realistic.

The report had been presented in order to invite the Commission to play a role in the SCS consultation process, which had started on 13 July and would be running until 5 October 2009.

- 19.2 Councillor Kennedy commented that the SCS was very detailed and suggested that it might be beneficial for there to be a scrutiny workshop so that it could be considered effectively. This was supported by other members, who suggested that a draft response from the Commission ought to be timetabled into the work programme.

The Head of Partnerships and External Relations agreed to this, although advised that it might be daunting to hold a workshop on the entire strategy, so it may be more appropriate for members to focus on headline information and key priorities. This was agreed.

- 19.3 Members made factual and style comments on aspects of the draft SCS. The Head of Partnerships and External Relations welcomed these and asked for any such comments to be forwarded to him in writing so that he could act on them.

There were also a number of more technical queries about performance measurements and statistical information. It was agreed that these would be answered in the next agenda item which focussed on the Local Area Agreement and performance monitoring.

- 19.4 **RESOLVED** – it was agreed that a Commission workshop would be held for members to consider the Sustainable Community Strategy in an effective manner.

## 20. ANNUAL PROGRESS UPDATE ON LOCAL AREA AGREEMENT 2008 - 2009

- 20.1 The report was presented by the Senior Performance Analyst and the Head of Improvement and Organisational Development (IOD). The Commission heard that the Local Area Agreement (LAA) was a three year plan and that this report gave the year end results for the first of those three years. All of the indicators were marked by a red, amber or green 'traffic light' to show whether it was on target or not. 68% of the indicators were green and it had been recommended that members focus on those marked as 'red' or 'off-target'.

- 20.2 Councillor Peltzer Dunn asked for further information about the alcohol-related hospital admittance figures, whether there were statistics for alcohol-related violence figures and the way in which the teenage pregnancy figures had been calculated. The Senior Performance Analyst said that he would circulate written answers to these questions after the Commission.

The Head of IOD commented that it was recognised nationally that higher figures were often indicative of improved recording; this was a national trend. Brighton and Hove City Council had been scrutinised by the Audit Commission who had noted improved performance across the council. The Commission was welcome to have as much performance information and explanation as required at any time.

20.3 Councillor Elgood sought clarification on the indicators for services for disabled children, for the take-up of 'talking therapies' and commented on the very low numbers of rough sleepers that were counted. The Senior Performance Analyst said that he would circulate written answers to the first two of these questions after the Commission. In terms of the rough sleeper count, the national Government guidance specifically excluded any rough sleepers who were not asleep at the time of the count.

- 20.4 Councillor McCaffery asked for the figures of sexual offences carried out in the public domain to be disaggregated from offences carried out in a domestic setting. The Senior Performance Analyst said that he would seek further clarification on this and keep members informed.

- 20.5 Councillor McCaffery asked whether, as a general principle, the words 'red/ amber/ green' could be written alongside each indicator as some copies were printed in black and white and the colour could not be seen. This was agreed. It was also agreed to ask other Scrutiny Committees to consider areas of 'off-target' performance.

- 20.6 RESOLVED** – (a) that the Overview and Scrutiny Commission notes the recommendations in the report and (b) that the written clarification sought from members on various indicators be circulated. (c) that Overview and Scrutiny Commission agrees to ask the Chairs of relevant Scrutiny Committees to review any areas of off-target performance in greater detail and consider any relevant work the Scrutiny Committee could initiate to help improve performance in the future.

## 21. OVERVIEW AND SCRUTINY AND THE LSP

- 21.1 The Head of Overview and Scrutiny presented the report, explaining that Scrutiny had been given increased powers of scrutiny over partnership bodies. The report suggested ways of working more effectively with the Local Strategic Partnership (LSP).
- 21.2 Councillor Wakefield-Jarrett said that she supported the idea of working more closely with partnerships as it was often hard to establish who else might be dealing with a similar scrutiny issue within the city. However, the thematic partnerships met in private so might there be a problem caused by sharing information? The Head of Partnerships

and External Relations said that the thematic partnerships were trying to ensure that more information was available to the public; this was an ongoing piece of work. However due to their content, it was necessary for some of the thematic meetings to be kept as private information.

- 21.3 Councillor Older queried whether it might be possible to scrutinise the working of the LSP itself. The Head of Overview and Scrutiny said that this would be possible but that it would probably be more productive to look at issues rather than the working arrangements.
- 21.4 Councillor Kennedy commented on the amount of information that a member might be expected to absorb; it was often very hard to keep track of all of the meetings and agenda items without having to consider LSP meetings as well. It was suggested that it might be useful for all members to have an email for information only notifying them of agenda items for forthcoming LSP meetings. This was supported by other Commission members.
- 21.5 Councillor Wakefield-Jarrett asked whether the recommendation for the LSP to suggest work for the Commission could be extended in order that the Commission could suggest work for the LSP. This was agreed.
- 21.6 **RESOLVED-** that the recommendations in the report be agreed, with the exception of recommendation 4, which would be amended to read:

‘That the LSP be invited to suggest items for the O&S work programme including in-depth reviews into specific areas of work, and that O&S Committees are able to request issues are discussed by the LSP’.

## 22. OVERVIEW AND SCRUTINY: DRAFT WORK PLANS 2009 - 2010

- 22.1 The Head of Overview and Scrutiny presented the work plans.
- 22.2 Councillor Elgood asked whether the Forward Plans could be brought each month as a standing item. This was agreed.
- 22.3 **RESOLVED** -(a) that the recommendations be noted and (b) that the Forward Plan be brought as a standing item.

## 23. CHILDREN AND YOUNG PEOPLE AND ALCOHOL

- 23.1 The Head of Overview and Scrutiny presented the ad hoc panel report from the Children and Young People's Overview and Scrutiny panel. It was explained that the report had been endorsed by its parent committee, and that it would be going to the relevant decision-making bodies in autumn.
- 23.2 Councillor Peltzer Dunn asked whether the report focussed on young people who lived in the city or whether it included those who were visiting, as it would be useful to look at

the effects of visitors to the city. Councillor McCaffery, who was on the panel, clarified that it had focussed on young people resident in the city. The Head of Overview and Scrutiny said that the issue of visitors to the city could be added to the future work plan if this was wanted.

23.3 **RESOLVED** - the report was noted.

**24. ITEMS TO TAKE FORWARD TO CABINET MEMBER, CABINET OR COUNCIL**

24.1 There were none.

The meeting concluded at 6.00pm

Signed

Chair

Dated this

day of



# OVERVIEW AND SCRUTINY COMMISSION

## Agenda Item 29

Brighton & Hove City Council

<b>Subject:</b>	<b>Place Survey 2008: Findings and Comparator Results</b>		
<b>Date of Meeting:</b>	<b>8 September 2009</b> <b>Cabinet 17 September; LSP 1 October;</b> <b>Governance Committee 17 November</b>		
<b>Report of:</b>	<b>Anthony Zacharzewski</b>		
<b>Contact Officer:</b>	<b>Name: Paula Black</b>	<b>Tel: 29-1740</b>	
	<b>E-mail: Paula.black@brighton-hove.gov.uk</b>		
<b>Key Decision:</b>	<b>No</b>		
<b>Wards Affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Place Survey replaced the Best Value User Satisfaction Survey (BVPIs) and provides data for 19 of the new national indicators, all focused on citizen perspectives. It also provides evidence for some of our Local Area Agreement (LAA) targets.
- 1.2 The focus of the Place Survey shifted from satisfaction with services delivered by the Local Authority, to satisfaction with the local area as a place to live. This incorporates services delivered by partners outside of BHCC. For this reason the Place Survey was branded under the Local Strategic Partnership (LSP) and carried the LSP logo in addition to that of the Local Authority.
- 1.3 The fieldwork for the survey was carried out between September and December 2008. The sampling is overseen by the Audit Commission and we exceeded the minimum response rate to make the survey sample robust. We received a total of 2,255 responses from 6,000 (a rate of 38%). The Audit Commission also weight the data in order to make sure that it represents the different groups resident in the city. The attached report (Appendix 1) contains data on Brighton and Hove's comparative performance to other areas.

#### 2. RECOMMENDATIONS:

- 2.1 That the Overview and Scrutiny Commission notes the report.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The Place Survey was undertaken between September-December 2008.
- 3.2 A final data set containing comparator data was released by the Audit Commission at the end of June 2009. This report is based on that data.

#### **4. CONSULTATION**

4.1 None.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

5.1 There are no direct financial implications arising from this report.

##### Legal Implications:

5.2 There are no direct legal implications arising from this report.

##### Equalities Implications:

5.3 Findings from the Place Survey have been analysed by equalities groups and areas of the city. This information has been made available to service areas, the Equalities and Inclusion Team, the Communities Team, Members, and partner organisations.

##### Sustainability Implications:

5.4 There are no direct sustainability implications arising from this report.

##### Crime & Disorder Implications:

5.5 The report contains information relevant to anti-social behaviour and community safety and will be shared with appropriate colleagues internal and external to B&HCC.

##### Risk & Opportunity Management Implications:

5.6 There are no direct risk and opportunity management implications arising from this report.

##### Corporate / Citywide Implications:

5.7 The Place Survey findings and this report contain information on B&HCC and partner organisations. The report is to be considered by the LSP in October 2009. Data from the Place Survey has been shared between public sector partners and the Community and Voluntary Sector.

#### **SUPPORTING DOCUMENTATION**

##### **Appendices:**

1. Appendix 1 – Place Survey Comparative Data

##### **Documents in Members' Rooms/Background Documents**

1. None



## **BRIGHTON AND HOVE PLACE SURVEY 2008: FINDINGS AND COMPARATOR RESULTS**

### **1. Summary**

This report presents findings from the 2008 Place Survey and compares them to the performance of other Local Authorities. Further reports are available from the Analysis and Research Team on initial headline findings, and a comparison of satisfaction levels amongst different demographic groups and areas of the city.

1. Summary
2. Key messages
3. Comparative results
4. What are we doing about...?
5. What information do we now have from the Place Survey
6. Issues to note
7. The Place Survey background information
8. Appendix 1: People, place and satisfaction: the national context

### **Rankings are based on results for 352 Local Authorities and 55 Unitary Authorities.**

Typically unitary authorities cover towns or cities which are large enough to function independently of county or other regional administration. For this reason they tend to be more urban than the comparators for all Local Authorities taken together where significant rural areas will be included. This partly explains the shift in comparative performance for some indicators when compared against all LAs or against Unitaries only.

### **2. Key messages**

**2.1.** Satisfaction with the local area as a place to live is high at 86%. This figure ranks us as 9<sup>th</sup> amongst other Unitaries and in the second quartile for all local authorities. This indicator has improved in comparison to 2006 when it stood at 72%.

**2.2.** Overall satisfaction with the way the Local Authority runs things stands at 45.2% ranking us 18<sup>th</sup> amongst other Unitaries. The average for Unitaries is 42% and England is 45.4% (ranking 182).

#### *What does this mean?*

Our figure is higher than the average for Unitaries and close to the English average. Nationally since 2000 satisfaction levels have been falling with the average then standing at 65% (55% in 2003). Brighton and Hove has not followed this trend with our score staying relatively

steady (49% in 2000). This means that we have gradually improved in relation to other Local Authorities.

**2.3.** Approximately one-third of people (32%) feel that the council offers value for money which is a better performance than the average for other Unitary Authorities (30% satisfaction). This performance is in line with the figure for England (33%) and the South-East (34%). B&HCC ranks 23<sup>rd</sup> amongst other Unitaries and 213<sup>rd</sup> in comparison to all other Local Authorities

**2.4.** In some areas (notably anti-social behaviour), Brighton and Hove has improved its performance and satisfaction levels although our comparative performance has not shown such a positive improvement. People feeling that those being drunk or rowdy in public places is a problem has fallen from 49% in 2006 to 34% and people who think dealing or using drugs is a problem in their local area has fallen from 56% in 2006 to 30%.

Similarly, there has been improvement in some areas of refuse and recycling satisfaction levels whilst our comparative performance has not fully reflected this. Satisfaction with refuse collection has risen from 68% in 2006 to 70% and satisfaction with keeping land free of litter has risen to 55% from 53% in 2006.

**2.5.** Best performance when compared to all LAs is in relation to transport information (2<sup>nd</sup>), parks and open spaces (14<sup>th</sup>) and cultural services (6<sup>th</sup> in satisfaction with theatres and concert halls).

In comparison to Unitary Authorities only we rank first for people agreeing that their local area is one where people from different backgrounds get on well together; people wishing to be more involved in local decision making; and satisfaction with local theatres and concert halls.

**2.6.** We have a high ranking (4<sup>th</sup> amongst all Local Authorities and 1<sup>st</sup> amongst Unitaries) for residents who would like to be more involved in decisions which affect the local area and this has risen from 34% in 2006 to 38%.

**2.7.** Areas where we do less well comparatively: police and public services seeking views about anti-social behaviour and crime; feeling informed about what to do in the event of a large scale emergency; belonging to the immediate neighbourhood. In terms of looking at a service area for which we have detailed data, refuse and recycling performs least well, despite improving satisfaction levels within the city in recent years. We have not been provided with comparative data on

some service areas and partners outside of the Local Authority and it seems unlikely that this will be made available.

### 3. Comparative Results

The table below lists results for all National Indicators and our comparison to all other Local Authorities. They are ranked in terms of our comparative performance to all Local Authorities. Those listed first are those where we compare most positively. The rankings take into account the fact that questions differ as to whether a higher or lower score is more positive.

**Table 1: Comparison to all Local Authorities**

INDICATOR	South East	England	B&HCC	Rank out of 352 Authorities in England
	%	%	%	
% satisfied with local transport information	44.3	48	69.5	2
Generally speaking would you like to be more involved in the decisions that affect your local area	26.7	26.6	37.7	4
% satisfied with theatres/concert/halls	46.7	43.2	72.8	6
% satisfied with museums/galleries	40.8	41.5	62.9	10
% satisfied with local bus services	48.9	55.2	76.1	11
% satisfied with parks and open spaces	72.6	68.5	82.1	14
% who agree that their local area is a place where people from different backgrounds get on well together (NI 1)	78.9	76.4	86.1	14
% satisfied with libraries	70.2	69	73.3	67
% who agree that in their local area parents take enough responsibility for the behaviour of their children (NI 22)	30.9	29.6	36.0	67
% who say their health is good or very good (NI 119)	79.3	75.8	79.8	89

% who are satisfied with their local area as a place to live (NI 5)	82.8	79.7	85.9	102
% who think there is a problem with people not treating each other with respect and consideration in their local area (NI 23)	28.1	31.2	24.8	111
% who have given unpaid help at least once per month over the last 12 months (NI 6)	24.8	23.2	24.3	151
% who have been involved in decisions that affect the local area in the past 12 months (NI 3)	14.2	14	14.5	153
% who agree that the police and other local public services are successfully dealing with anti-social behaviour and crime in their local area (NI 21)	26.2	26.3	26.5	174
% people aged 65 and over who are satisfied with both home and neighbourhood (NI 138)	85.5	83.9	85.7	177

<b>INDICATOR</b>	<b>South East %</b>	<b>England %</b>	<b>B&amp;HCC %</b>	<b>Rank out of 352 Authorities in England</b>
very or fairly satisfied with how council runs things	47	45.4	45.2	182
% who agree that they can influence decisions in their local area (NI 4)	28.2	28.9	27.6	204
Strongly or tend to agree local council provides value for money?	34.4	33.2	31.9	213
% who would say that they have been treated with respect and consideration by their local public services in the last year (NI 140)	75.8	72.4	73.4	213
sport/leisure facilities	49.4	46.2	44.3	214
% who think that drug use or drug dealing is a problem in their local area (NI 42)	24.4	30.5	29.8	220
% who think that anti-social behaviour is a problem in their local area (NI 17)	16.2	20	19.4	221
% satisfied with doorstep recycling	68.2	69.8	67.8	225
% satisfied with keeping public land clear of litter and refuse	59.8	56.9	54.6	243
% satisfied with local tips/hold waste recycling centres	72.6	71.2	67.8	266
% satisfied with refuse collection	76.8	77.6	70.2	286

% who think that drunk and rowdy behaviour is a problem in their local area (NI 41)	26.6	29	33.9	286
% who think that older people in their local area get the help and support they need to continue to live at home for as long as they want to (NI 139)	28.4	30	25.8	289
% who feel they belong to their immediate neighbourhood (NI 2)	58.3	58.7	53.9	290
% who feel informed about what to do in the event of a large-scale emergency (NI 37)	15.5	15.3	11.9	324.0
% who agree that the police and other local public services seek people's views about anti-social behaviour and crime in their local area (NI 27)	23.7	24.8	19.5	344

The table below lists results for all National Indicators and our comparison to Unitary Authorities only. They are ranked in terms of our comparative performance to Unitary Authorities. Those listed first are where we compare most positively. The rankings take into account the fact that questions differ as to whether a higher or lower score is more positive.

**Table 2: Comparison to Unitary Authorities**

INDICATOR	All Unitary Authorities	B&HCC	Rank out of 55 Unitary Authorities in England
	%	%	
% who agree that their local area is a place where people from different backgrounds get on well together (NI 1)	75.8	86.1	1
Generally speaking would you like to be more involved in the decisions that affect your local area	26.2	37.7	1
% satisfied with theatres/concert/halls	45.7	72.8	1
% satisfied with local transport information	45.9	69.5	2
% satisfied with local bus services	51.6	76.1	2
% satisfied with parks and open spaces	68.5	82.1	2
% satisfied with museums/galleries	42.5	62.9	3

% who agree that in their local area parents take enough responsibility for the behaviour of their children (NI 22)	28.6	36.0	5
% satisfied with libraries	69.3	73.3	8
% who are satisfied with their local area as a place to live (NI 5)	79.2	85.9	9
% who think there is a problem with people not treating each other with respect and consideration in their local area (NI 23)	31.5	24.8	9
% who say their health is good or very good (NI 119)	75.7	79.8	12
% who have given unpaid help at least once per month over the last 12 months (NI 6)	22.7	24.3	15
% who have been involved in decisions that affect the local area in the past 12 months (NI 3)	13.6	14.5	16
very or fairly satisfied with how council runs things	42.3	45.2	18
<b>INDICATOR</b>	<b>All Unitary Authorities %</b>	<b>B&amp;HCC %</b>	<b>Rank out of 55 Unitary Authorities in England</b>
% people aged 65 and over who are satisfied with both home and neighbourhood (NI 138)	83.6	85.7	19
% who agree that the police and other local public services are successfully dealing with anti-social behaviour and crime in their local area (NI 21)	25.7	26.5	20
Strongly or tend to agree local council provides value for money?	29.8	31.9	23
% who think that anti-social behaviour is a problem in their local area (NI 17)	20.1	19.4	26
% who would say that they have been treated with respect and consideration by their local public services in the last year (NI 140)	72.6	73.4	27
% who think that drug use or drug dealing is a problem in their local area (NI 42)	30.5	29.8	27

% satisfied with keeping public land clear of litter and refuse	56.5	54.6	29
% who agree that they can influence decisions in their local area (NI 4)	27.9	27.6	32
sport/leisure facilities	46.4	44.3	35
% who think that drunk and rowdy behaviour is a problem in their local area (NI 41)	29.8	33.9	39
% satisfied with doorstep recycling	71.4	67.8	39
% who feel they belong to their immediate neighbourhood (NI 2)	57.2	53.9	41
% who think that older people in their local area get the help and support they need to continue to live at home for as long as they want to (NI 139)	30.7	25.8	44
% satisfied with local tips/hold waste recycling centres	72.4	67.8	44
% satisfied with refuse collection	78.3	70.2	46
% who feel informed about what to do in the event of a large-scale emergency (NI 37)	15.9	11.9	53
% who agree that the police and other local public services seek people's views about anti-social behaviour and crime in their local area (NI 27)	24.4	19.5	55

#### **4. What are we doing about?:**

##### **4.1 People feeling that in their local area people from different backgrounds get on well together (NI1)**

This indicator is included in our Local Area Agreement with a target of 86%. We have exceeded the target and this is an area where we perform comparatively well. The Stronger Communities Programme Partnership leads on this indicator and activities which have contributed to meeting our target include: community development commissioning to support community development in 13 neighbourhoods and other areas across the city; work around a common framework for commissioning and procurement; revised discretionary grants programme; and a strengthening of the festivals network resulting in stronger and more varied festival delivery.

##### **4.2 People who feel they can influence decisions in their local area (NI4)**

As a perceptual indicator this is difficult to measure and interpret. A range of factors may impact upon whether a person feels they are able to influence local decision making. This indicator is included in our Local Area Agreement with a target of 29.4% and a score from the Place Survey of 27.6%. Key activities here include: the communication and implementation of the Community Engagement Framework including a CEF e-learning programme; significant growth in Community and Voluntary Sector Forum representation so increasing the influence of the third sector on citywide decision making; extensive networking and support events held across the city; active neighbourhood fora with action plans; attendance by service providers at Neighbourhood Action Groups; support for 20 community newsletters; developing the role of B&HCC as a community empowerment champion; developing and strengthening the work of the city's Equalities Coalition. The Citizens' Panel also provides opportunities for residents to regularly have an input into consultation carried out by partner organisations across the city.

#### **4.3 Participation in regular volunteering (NI6)**

This is a new indicator where we have no previous figures to compare. Our performance is mid ranking in comparison to other Local Authorities, but much better (ranking 5<sup>th</sup>) when compared to Unitaries only. A City Volunteering Strategy has been developed which will be implemented by a steering group. £190,000 of funding has been secured from DCLG for the Take Part Programme to develop local learning opportunities. Community development support has been provided to initiate community groups in neighbourhoods and informal learning and training is being offered to develop the skills of volunteers.

#### **4.4 Involvement in decisions which affect the local area (NI3)**

Activities relating to NI4 and NI6 will impact upon this area. B&HCC is organising a 'Get Involved' campaign to promote citizens' involvement in local democracy. The implementation of actions contained in the Community Engagement Framework is also contributing to potential improvement in all Community Engagement indicators.

#### **4.5 Antisocial behaviour**

Measures of perceptions of anti-social behaviour and satisfaction with how changes have been made in the area have shown significant improvement in recent years.

The city has an anti social behaviour team which includes caseworkers, police staff and a solicitor, the team analyse data on anti social behaviour from across the city and then target their resources at individuals who are causing anti social behaviour and areas where anti social behaviour is a particular problem. The team works with individuals using a variety of methods starting with early intervention measures such as visits, warning letters, behaviour contracts and



referring people in to support services such as treatment for substance misuse and parenting classes. In most circumstances this early intervention is successful, however it fails to achieve an improvement in behaviour then the team can utilise the legal tools it has available such as anti social behaviour orders, injunctions and property closure orders.

The anti social behaviour team work closely with other agencies to tackle anti social behaviour, this includes a joint operation with Sussex Police, RUOK (the young peoples substance misuse service) and the youth service to tackle youth disorder and underage drinking this takes place across the city on a Friday and Saturday night. They also work closely with the Business Crime Reduction Partnership taking referrals about individuals who cause anti social behaviour in local shops, pubs and clubs.

Consultation with residents is undertaken by Sussex Police and the Council via local action teams which are resident lead groups which exist across the city to identify problems and bring services together to tackle them. The Citizens' Panel is also used for consultation with local residents on ASB issues.

#### **4.6 Refuse and recycling**

Satisfaction with refuse and recycling has increased in Brighton and Hove since 2006. The service has recently undergone a complete reorganisation resulting in a 17% reduction in costs (a saving of almost £1 million) and voluntary redundancies from the service. As part of the reorganisation, 120,000 household collections were re-routed. This was being undertaken at the time of the field work for the Place Survey in Autumn 2008. However, from a comparison of questionnaires returned before and after round changes were introduced, it does not appear that this in itself had a negative impact on satisfaction levels.

The waste strategy is out for consultation during 2009 and contains within it a raft of proposals for improving waste and recycling services. This includes a communications programme. 500 communal bins have been introduced over the past 6 months which will have a large positive impact in the city centre.

#### **5. What information do we now have from the Place Survey?**

We now have a full set of data for the Brighton and Hove Place Survey findings. The second set of data which was made available to us on 23rd June 2009 includes comparator data for all Local Authorities for National Indicators and some additional questions only. The Place Survey included NIs and other additional questions some of which we do not have comparator data for and we have been given no indication that this will be made available.

#### **6. Issues to note**

The results on many of the indicators are very closely bunched together. This can mean that a comparatively small difference in the % figure can lead to a large difference in ranking and the corresponding quartile we are placed in.

Given that confidence intervals can also be up to + or - 2% these in themselves could potentially shift rankings.

Weightings on the data were changed between the first and second release to us. This means that initial headline figures reported may have shifted slightly in later reports. The trajectories remain the same and no rankings or comparisons will be affected.

Data is weighted at a city wide level. At Ward, or area level the data remain un-weighted in order to avoid skewing the impact of different demographic groups. For this reason comparisons between Ward or area level data and that at city level is made between two different data sets.

## **7. The Place Survey background information**

The Place Survey replaced the Best Value User Satisfaction Survey (BVPIs) and provides data for 19 of the new national indicators, all focused on citizen perspectives. It also provides evidence for some of our LAA targets.

The focus of the Place Survey shifted from satisfaction with services delivered by the Local Authority, to satisfaction with the local area as a place to live. This incorporates services delivered by partners outside of BHCC. For this reason the Place Survey was branded under the LSP and carried the LSP logo in addition to that of the Local Authority.

The fieldwork for the survey was carried out between September and December 2008. The sampling is overseen by the audit commission and we exceeded the minimum response rate to make the survey sample robust. We received a total of 2,255 responses from 6,000 (a rate of 38%). The audit commission also weight the data in order to make sure that it represents the different groups resident in the city.

## **APPENDIX 1**

### **Place survey and satisfaction: the national context (Ipsos MORI local: People, perception and place, July 2009)**

In general, residents are increasingly happy with where they live. Brighton and Hove residents are happier than the average for Metropolitan Authorities and Unitaries. ASB is declining, particularly people using and dealing drugs. However, Local Authorities are not receiving credit for these improvements. Satisfaction with councils is down from scores in the 50s in 2003 to satisfaction levels in the 40s in 2008. Inner London does not follow this trend. Brighton and Hove has also maintained a comparatively steady score over this time.

Satisfaction can be correlated with the public feeling that they are not informed about local public services (37% feel informed in Mets and Unitaries)

Satisfaction with local police forces is similar to that of councils - again despite improvements in ASB.

#### Two key points

1. Understand what is driving these perceptions (both what is under local control and what is not)
2. Look more carefully at local neighbourhoods within authorities

#### Issues with perceptual indicators

Perceptions are heavily influenced by factors beyond local control (see the list below).

There is a strong relationship between perception and key indicators. There is a time-lag between changes to service delivery and perception of improvement/change as well as a lag between satisfaction with individual services but dissatisfaction with the council or service deliverer

#### Looking across all measures, what are the background factors that are largely beyond the control of local services that are most related to perceptions?

82% of all variation in satisfaction with local areas can be explained by knowing five characteristics of the local population

- Indices of Multiple Deprivation (IMD)
- Young people (proportion of the population aged under 21)
- Physical living conditions (levels of occupancy)
- Percentage of the population with degrees
- Region

According to these factors the most challenged Unitary and Met is: Manchester and the least is Rutland

What background characteristics are consistently associated with making 'satisfaction' hard to achieve?

- IMD
- Ethnic diversity (the level of ethnic fractionalisation – or how diverse an area is)
- Young people – the more people under 19 in an area, the more difficult it is to achieve high levels of satisfaction
- Population churn
- Physical living conditions (particularly over-occupancy)
- Urbanity – the more urban an area, the harder it is to achieve positive perceptions
- Region – the North-East is associated with higher satisfaction and London is (generally) associated with lower satisfaction scores

**But there are things which Local Authorities and partners can do:**

- Local public services really matter to a sense of place and satisfaction with the local area. ASB is key here.
- Understanding and targeting local priorities
- Informing and listening. No councils that communicated well are poorly rated overall in the Place Survey. In terms of shifting perception the biggest impact would be to communicate activities to a wide group, rather than active involvement of smaller numbers of residents. However, communication does not simply involve information provision and the most effective activities relate to seeking out views, acting upon them and communicating back how they have been acted upon.
- Crime measures are heavily related to respect and parenting
- Targeting individual neighbourhoods

**What does this mean for Brighton and Hove?**

A communications programme aimed at most influential perceptual indicators is key

Combining research, consultation and analysis effectively to fully understand local issues is vital

Area analysis is required, for example using tools such as the Brighton and Hove Local Information Service (BHLIS). In terms of satisfaction levels for B&HCC, areas of the city are becoming as influential as membership of particular demographic groups (a report on demographic and area analysis of Place Survey results is available from the Analysis and Research Team)

*27/08/2009: Analysis and Research Team, B&HCC*

# OVERVIEW AND SCRUTINY COMMISSION

## Agenda Item 30

Brighton & Hove City Council

<b>Subject:</b>	<b>Scoping of potential work regarding disability issues</b>		
<b>Date of Meeting:</b>	<b>8<sup>th</sup> September 2009</b>		
<b>Report of:</b>	<b>Director of Strategy &amp; Governance</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Mary Evans</b>	<b>Tel:</b> 291577
	<b>E-mail:</b>	<a href="mailto:Mary.evans@brighton-hove.gov.uk">Mary.evans@brighton-hove.gov.uk</a>	
<b>Key Decision:</b>	No		
<b>Wards Affected:</b>	All		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 At Overview & Scrutiny Commission on 14<sup>th</sup> July 2009 it was agreed that a scoping report be written to enable consideration of any potential work regarding disability issues
- 1.2 The Equalities & Inclusion Policy & Action Plan 2008-11 contain the Council's commitment to tackle inequality for disabled staff and service users and specifically aims to involve disabled people in policy development. This includes the commitment to work to the Equalities Framework which provides indicators of best practice in equalities work and focuses on providing evidence of outcomes and will therefore be a key driver for our equalities work.

### 2. RECOMMENDATIONS:

That members note the issues and current actions as outlined in the report and consider whether any further action by Overview and Scrutiny is needed at this stage

### 3. RELEVANT BACKGROUND INFORMATION

#### 3.1 Employment statistics

### Disabled Recruitment equalities trend data 2004 – 2008

	Applications		Interviews		Offers	
	%	No.	%		%	No.
2004/5	3.2%	198	-	Not collated	3.1%	23
2005/6	4%	409	4.5%	138	2.5%	25
2006/7	3.7%	364	4.9%	145	3.3%	31
2007/8	4.3%	353	5.9%	134	3.4%	30
2008/9 (q1-2)	3.5%	238	5.0%	85	4.7%	26

The marked increase in disabled applicants being interviewed may be traced back to the implementation of the 'two ticks' scheme at the City Council.

### 3.2 Recruitment & retention of disabled staff

The council uses the 'Double Tick' symbol which means we are committed to employing people with disabilities and wish to encourage more applications from people with disabilities. We were re-assessed by Job Centre Plus in June 2009 who confirmed that we are meeting with our commitments under the scheme.

Guidance for managers on short listing and interviewing disabled applicants - sits alongside the Guaranteed Interview Scheme Policy/Procedure and is a practical support document for recruiters. All HR staff in the Coaching & Advice team recently attended a workshop on disability and absence, covering social model approach to disability, reasonable adjustments, Access to Work. Representatives from the Coaching & Advice Team also attended the 'Dyslexia at Work Conference' run by the British Dyslexia Association in March 2009. HR also provides considerable guidance to managers on making reasonable adjustments for staff who become disabled during their employment.

The Council has a Disabled Workers Forum (DWF) which all staff with disabilities or long term health conditions are encouraged to attend. The DWF is actively involved in Equality Impact Assessments of HR policy and service development e.g. sickness absence policy and provides representation to the HR Equalities Group and Equalities Steering Group. Speakers are invited to the DWF to address areas of concern for Disabled staff e.g. access to transport, and additional work is undertaken where necessary. One example of this is the newly established Reasonable Adjustments working group made up of reps from the DWF, Unions, HR, ICT, Health & Wellbeing, Supported Employment and appropriate managers. The group will explore what else needs to be put in place to ensure that everyone's needs are addressed promptly and effectively

There are already many examples of good practice across the council including the use of specialist software and other equipment, adjustments to work roles and adjustment to physical working conditions.

### **3.2.1 Local Employment Programme (LEP)**

The Local Employment Programme works both internally and externally to provide access to job roles for disadvantaged groups including long term unemployed, Lone Parents and those claiming Incapacity Benefit. This includes working alongside council recruiting managers supporting them and candidates/appointed staff following appointment. The majority of jobs are 6 months – 1 year fixed term.

Once a candidate is successful, the project then provides qualified training opportunities via Train to Gain, NVQ etc and also supports the new employee through a buddy process. Originally the LEP project was given a target of 80 people into employment in the council within 2 years. After 6 months the LEP project had successfully hit the first year target of 40 and is now on 45.

The LEP is in the process of recruiting a Disability Officer, which would be funded by BHCC Supported Employment Team (see below). Their main role would be to help the LEP staff to isolate specific roles, and then support disabled candidates with the application, manage expectations, support the recruiting manager and then provide support once the candidate was successful to maintain sustainability. They would be trained on reasonable adjustments and this will be able to supplement other support.

The LEP work in partnership with the council's Supported Employment Team who provide support for disabled people facing complex or additional barriers when seeking employment. The team provides various functions including helping complete application forms, organising mock interviews, providing information on reasonable adjustments, job adjustments and job coaching, and on-going support whilst in employment.

### **3.2.2 Dignity & Respect Working Group**

This working group has been in operation since January 2009 to examine the issues of bullying/harassment in the council and develop new Dignity & Respect at Work policy and mechanisms. The group is attended by Cllr. Ayas Fallon-Khan and it includes senior management representation from across the council as well as Dr Karen McIvor a specialist consultant. The group will be consulting extensively throughout the process of their work. Following a scoping meeting in April, the Dignity at Work scrutiny panel has been put on hold until Autumn 2009 when a written draft strategy will be at a stage suitable for consideration and comment.

#### **4. INVOLVEMENT OF DISABLED PEOPLE**

The Council is very committed to the involvement of local disabled people in our policy and service development as around 20% of adults in the city are disabled or in a household with someone who is disabled. We are working closely with the Federation of Disabled People and the Primary Care Trust on the new “Get Involved” Project. This project is designed to:

- Keep a database of organisations for disabled people in the city
- Recruit disabled people to be involved in consultation and involvement activities including targeting people who encounter multiple barriers to inclusion
- Provide training for volunteers to enable them to engage effectively with statutory bodies
- Put mechanisms in place for the council to consult disabled people

Considerable progress has been made with this work. A wide range of impairment groups are involved including participants with learning difficulties. People are moving away from expressing only their personal experience of disability and moving towards a position where they are thinking about the barriers encountered by other disabled people, with different needs. The disabled people decide on the theme for meetings and ask questions from invited individuals from the public bodies.

The issues that the Get Involved Project have examined so far include the issuing of bus passes, signage in the city and disability equality training. They have an outstanding area of concern about how disabled people are provided with the right support by the council to live independently, particularly levels of Occupational Therapy provision. They are however aware that there are funding issues for the council and appreciate the work that has been undertaken with Accesspoint and AskSara. In their report “Improving the Life Chances of Disabled People” 2005, the government gave a commitment to Centres for Independent Living (in every council locality) by 2010. These centres would be user-led and would provide the additional support that disabled people need. Work is actively underway between officers in Adult Social Care and the Federation of Disabled People to support the development of such a centre locally.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

5.1 None directly in relation to this report as all costs to be met by existing budgets

##### Legal Implications:

5.2 Our statutory responsibilities in relation to equalities are directly addressed by the Equalities & Inclusion Policy and the Equality Scheme Action Plan.

##### Equalities Implications:

5.3 The equalities implications are directly addressed by the Equalities & Inclusion Policy and the Equalities Scheme Action Plan.

##### Sustainability Implications:



5.4 None directly in relation to this report

Crime & Disorder Implications:

5.5 The Crime and Disorder Reduction Partnership and the Partnership Community Safety Team are key contributors to equalities & inclusion work in the city and this is reflected in the Equalities & Inclusion Policy and the Equalities Scheme Action Plan

Risk and Opportunity Management Implications:

5.6 The implications for risk are directly addressed by the Equalities & Inclusion Policy and the Equalities Scheme Action Plan.

Corporate / Citywide Implications:

5.7 The Equality Scheme Action Plan has been developed with input from all council Directorates.



<b>Subject:</b>	<b>Response to scrutiny related elements of the CLG ‘Strengthening Local Democracy’ consultation paper</b>		
<b>Date of Meeting:</b>	<b>8th September 2009</b>		
<b>Report of:</b>	<b>Interim Director of Strategy &amp; Governance</b>		
<b>Contact Officer:</b>	<b>Name: Tom Hook</b>	<b>Tel: 29-1110</b>	
	<b>E-mail: <a href="mailto:Tom.hook@brighton-hove.gov.uk">Tom.hook@brighton-hove.gov.uk</a></b>		
<b>Wards Affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report brings to the Commission’s attention a recent consultation paper, ‘Strengthening Local Democracy’ issued by the Department of Communities and Local Government. The consultation paper explores whether local government has the powers it needs to meet today’s challenges.
- 1.2 This report focuses on those elements of the paper relating to the overview and scrutiny function. The Commission’s comments will be fed into the Council’s Governance Committee which is considering a response to the full consultation at its meeting on the 22<sup>nd</sup> September.

#### 2. RECOMMENDATIONS:

- (1) That members agree the draft response to the consultation questions attached at appendix 2.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Chapter 1 of the consultation paper, which deals with overview and scrutiny issues, is attached as Appendix 1 to the report. The consultation was published on 22 July 2009 and the deadline for responding is 2 October 2009.
- 3.2 Chapter 1 of the Consultation sets out proposals for new scrutiny powers for councils. These would provide powers for scrutiny of a wider range of public services than at present, extending beyond the scrutiny of specific targets in Local Area Agreements, and with a likely duty on those bodies to take part in scrutiny meetings.

- 3.4 A list of organisations to which scrutiny could be extended is given, including utilities and public transport. This is linked to the analysis of public spending which was piloted in the Counting Cumbria project and which is being taken forward by the Total Place pilots.
- 3.5 The chapter proposes a power to scrutinise this spending, which would not give councils any leverage over spending other than to express views through scrutiny reports.
- 3.6 The Local Democracy, Economic Development and Construction Bill, as currently drafted, creates a requirement for councils to have a statutory scrutiny officer; the chapter discusses whether there could be additional requirements for support.

#### **4. CONSULTATION**

- 4.1 No consultation.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 There are no direct financial implications as a result of this draft consultation response at this stage. Any resource implications arising from any agreed changes in policy or procedure will need to be identified in future budget strategies.

*Finance Officer Consulted: Anne Silley*

*Date: 26 August 2009*

##### Legal Implications:

- 5.2 The proposed enhancement to local authority scrutiny powers is part of a general trend towards a more robust form of holding local public bodies to account, first given effect under Part 5 of the Local Government and Public Involvement in Health Act 2007 and subsequently supported by Part 2 of the Local Democracy Bill.

It should be noted that, due to limited parliamentary time ahead of the next general election, it is not expected that any of the measures in the 'Strengthening Local Democracy' paper will be given legislative effect before June 2010. Were there to be a change of administration in Westminster following the election, some or all of the consultation proposals may change or not be implemented at all.

*Lawyer Consulted: Oliver Dixon*

*Date: 26 August 2009*

Equalities Implications:

- 5.3 There are no direct equality implications arising from this report.

Sustainability Implications:

- 5.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

- 5.5 There are no direct crime and disorder implications arising from this report.

Risk and Opportunity Management Implications:

- 5.6 There are no direct risk and opportunity management implications arising from this report.

Corporate / Citywide Implications:

- 5.7 No direct implications from the report. However, consultation on changes to scrutiny if enacted would have implications for city partners and the council respectively.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. CLG 'Strengthening Local Democracy' consultation paper (July 2009)
2. Proposed BHCC response to the scrutiny elements of the consultation



# Chapter 1

## Local government at the centre of decision making

1. Local government plays a crucial role in delivering better outcomes for their citizens and in shaping the local area. They are themselves responsible for a broad range of services – either directly or through commissioning and for monitoring how services are delivered. They lead or act as one of the major players in many partnerships. They also regulate issues such as environmental health.
2. Beyond this, however, councillors are community leaders – taking a broad view of the well-being of local people and communities in a way which is not expected of other public service providers. So they are best placed to understand and respond to local concerns, bringing all the relevant agencies together – public, private, third sector – to tackle cross-cutting issues.
3. In each local authority area, billions of pounds are spent every year by a wide range of service providers, including the National Health Service, the local police service and the local authority itself. For example, a recent analysis in Cumbria demonstrated that £7.1bn of public money was spent in the county in 2008.<sup>1</sup>
4. This consultation proposes that councils should have greater scrutiny and oversight of this spending. This will give citizens, working with their councillors, greater influence over how public money is spent. We propose to broaden local authority scrutiny powers and extend them to a wider range of organisations, so that they can better influence local decision making.
5. This would go beyond simply monitoring spending by other bodies and put councils at the centre of local decision making, challenging other services to improve. This stronger role for councils acting on behalf of citizens should be part of their contribution to coordinating frontline delivery across service providers.

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<sup>1</sup> Nuclear decommissioning, a national benefit with a large local impact, accounts for a quarter of total expenditure in Cumbria

## The challenge

6. Local residents should be able to influence the shape of their area and the services they receive. We want citizens to have a real say in how these challenges are tackled, and on what happens in their communities. This could include getting involved in local budgeting decisions, having a say in how local public services are run, taking part in petitions, or by taking over facilities for their community.<sup>2</sup>
7. However, most people only have limited time or opportunity to become directly involved in decisions which affect them. So alongside the right to directly shape and influence services must go the right to elect a local authority with real power to champion the needs of their local area – one that is clear about its responsibilities to local citizens. Citizens also need to be confident that when decisions are made about things that affect them, it is informed by their concerns and not just by the interests of those running the service. That is why we believe that elected councillors, selected by voters to represent their interests, should have greater influence over unelected service providers.
8. Our aspiration is for councils to become a local point of accountability for services across their area. The clearest and most effective way to do that is to give councillors greater oversight and responsibility for public spending in their area. Councillors, on behalf of their citizens, should be able to scrutinise public spending provision, influence decision making and hold other service providers to account. Councils also represent the interests of local organisations, including business and third sector.
9. This has the potential to better deliver the personalised services people want and expect, while at the same time ensuring that every taxpayer's pound is used to maximum effect. By giving councils the capacity to look more coherently at public money spent delivering local public services in an area; people will be able to see more clearly how and by whom their money is being spent. Understanding and overseeing expenditure on local service delivery will be a priority for the whole council – its leaders and all members.
10. The Calling and Counting Cumbria project<sup>3</sup> which inspired the current Total Place initiative showed that £7.1bn of public money was spent in 2008 in the county. £1.9bn was controlled or directed by local bodies of which:
  - forty-two per cent was from the county council
  - thirty-seven per cent from NHS bodies and
  - fourteen per cent from district councils
- six per cent from the police authority.

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<sup>2</sup> These issues are set out in *Communities in control: real people, real power*, Communities & Local Government, July 2008

<sup>3</sup> <http://www.cumbria.gov.uk/communications/countingcumbria.asp>



11. The sums involved show how important it is to have one body monitoring this spending to make sure it is being used to best effect. It is clear this role should fall to councils, with their direct mandate to act on behalf of citizens.
12. Expenditure – while hugely important – is not the only issue on which councils should be able to call other agencies and services to account. We see councils as central to delivery of the minimum entitlements set out in *Building Britain's Future* which citizens must expect. So councils should:
  - be able to make other service providers explain and justify their policies, in order to make sure they are properly responding to local need
  - co-ordinate front-line service delivery, so that citizens receive the properly joined-up, personalised services that they are entitled to.
13. The best way to support councils take on this stronger role is to increase their powers of scrutiny. Councils do currently have some well-established powers of scrutiny over health and police services. But these have not yet had the impact which we believe is necessary. We therefore set out proposals to:
  - broaden the scope of powers which councils can use to carry out their scrutiny function
  - widen the range of organisations over which these powers can be used
  - ensure that local people and their needs are the driving force behind these enhanced powers.

## The current picture

### Local expenditure

14. A great deal of work has gone into making public money in local areas go as far as possible, and making sure it is used to best effect. Since 2004 councils have achieved £4.5bn of efficiency savings – a significant achievement.
15. The Total Place initiative will show what more it is possible to achieve. In pilot areas, all public spending is being assessed, in order to make sure that it is best, and most efficiently, used to deliver what the local communities need. We have also consulted on how to develop local spending reports further and will be publishing an account of responses shortly. We will make decisions on how best to take forward these reports in the light of the total place pilots.

## Total Place

Big efficiency savings have already been delivered while services have improved. But more services can and should be designed around the needs of individuals, rather than around the convenience of institutions. This should both improve the standard of service people receive, and encourage the innovation and efficiency, that are vital to delivering the high standards and value for money that people quite rightly demand from their services. This means finding new ways of doing things, sharing best practice and acting jointly for the common good.

To deliver the improvements needed in public services, we need a deeper understanding of the needs of the community, space for local responsiveness and innovation, and effective co-operation – between public services locally and between central and local government. The Total Place pilots aim to demonstrate the clear benefits of service providers working together effectively to improve services by removing inefficiency and duplication between organisations and putting the needs of users first. They will seek to highlight where central Government can remove unintended barriers which prevent services working effectively together, so creating stronger incentives for co-operation and joint improvement

## How does scrutiny currently work?

16. Scrutiny powers are a potentially powerful tool which enables councillors to represent the views of citizens on services which the council is not directly responsible for. Councils use scrutiny committees in a similar way to select committees in Parliament. These committees of non-executive councillors are able to challenge the council leadership on the issues they are responsible for. They also carry out reviews into local issues of importance and make reports and recommendations for change to those taking the decisions.
17. Overview and scrutiny has a different scope for different services – with health, and crime and disorder being the most advanced. For other bodies, the requirements relate to the LAA targets. The bodies that are currently required to engage in overview and scrutiny in relation to LAA targets include Environment Agency, Fire and Rescue Authorities, JobCentre Plus, Youth Offending Teams, Police Authorities, Primary Care Trusts, Regional Development Agencies, Learning and Skills Council, and the Homes and Communities Agency<sup>4</sup>.
18. There are, however, no formal limits on what local government scrutiny can look at – committees can examine any issue of importance to the community. Many committees look at the work of a range of public and private service providers and they can request information from these bodies. They work in partnership with health bodies and police forces to scrutinise local health and crime and disorder issues, meaning that elected members can already have a voice over how these services are delivered. This autumn we will publish statutory guidance for local authorities, people working in the NHS and interested people that will set

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<sup>4</sup> A full list of duty to co-operate bodies is included at Annex A.

out how overview and scrutiny can be improved in the health services.

19. We are also strengthening the scrutiny function<sup>5</sup> so that:
- councils will also be able to scrutinise other public bodies working with the council on the priority targets set out in the local area agreement
  - councils will be required to designate a dedicated scrutiny officer
  - residents will be able to appeal to the scrutiny committee if they are not satisfied with their council's response to a public petition.

### Scope of scrutiny arrangements

20. Scrutiny powers have come a long way since their introduction in the constitutional changes brought into force in 2000. However, scrutiny too often relies on the voluntary cooperation of service providers.
21. For scrutiny to really punch its weight, there needs to be a strong connection between scrutiny committees and local people. In many authorities, members of the public can, and do already get involved in scrutiny in a range of ways, including suggesting topics for review, or by being a co-opted member of a committee. There are good examples of this working in practice – for example, when Tower Hamlets carried out a review of young people's participation in sports leading up to the Olympics, an extensive consultation informed by the views of around 300 young people helped to shape the recommendations made by the scrutiny committee. However, as yet this level of involvement remains relatively limited<sup>6</sup>.
22. The duty on councils to promote democracy, requiring them to explain the opportunities for people to influence decisions affecting public services and how they can get involved, should go some way to address this. But we are seeking views on how we could go further still and make sure that citizens have a stronger connection to their scrutiny committees.
23. We know that democracy is stronger when it is fully representative, and as such, we have been working to increase diversity amongst councillors. This will help to ensure that both executive and scrutiny functions of local authorities are fully representative and able to take proper account of the diverse communities that they serve. There are, also, wider related issues around councillor recognition and conduct, however, these do not form part of this consultation.

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<sup>5</sup> Including through provisions in the Local Democracy, Economic Development and Construction Bill currently before Parliament.

<sup>6</sup> A recent survey by Centre for Public Scrutiny for example showed that public engagement in scrutiny is low with 51 per cent of authorities reporting that they had not received any suggestions from the public for scrutiny reviews in 2007.

## Future options

24. Increasing the power and range of scrutiny is absolutely central to our vision of independent, strong and effective local government. It is a major route through which the voice and interests of local people, through their elected representatives, can be brought to bear on the national and local institutions which provide the local services which are vital to all of our lives. Of course, councils are not the only point of accountability, since people will still have a direct relationship with individual services, but they are an important place where residents can raise their concerns and expect that their elected representative will take appropriate action. In addition, services have other points of accountability, such as the national or regional level.
25. We should not expect people to have a detailed knowledge about the intricacies of local service provision – funding streams, management structures or spheres of responsibility – in order to raise a concern or complaint. Nor should they be expected to do so at the administrative convenience of those bodies. And co-operation between these bodies should not be left to chance. Scrutiny committees have a vital role to play in making sure that these services work as effectively as possible.
26. The extensions of scrutiny proposed in this document may raise issues of relevance to policing. It is intended that where consultation responses relate to this important local service they will be considered through the White Paper on policing which is planned for the autumn<sup>7</sup>. For practical reasons Regional Development Agencies are not considered to be part of this consultation in relation to proposed extensions to scrutiny, beyond current arrangements and those in the Local Democracy, Economic Development and Construction Bill currently before Parliament.

### Extending the scope of formal scrutiny arrangements

27. We want to examine whether the scope of scrutiny powers should be increased so that they cover all of the issues that matter to the local community. Other than for health, and crime and disorder matters<sup>8</sup>, formal scrutiny powers are currently limited to those bodies that are under a duty to co-operate with a local authority in setting and delivering the priorities established in the Local Area Agreement (LAA)<sup>9</sup>. Other than on crime and disorder, and on health, scrutiny committees can only use these powers when the issue at hand falls under the scope of priorities set out in the LAA.
28. But the issues which matter to local people often go beyond the scope of

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<sup>7</sup> The recent report *A People's Police Force: Police Accountability in the Modern Era*, Rt Hon David Blunkett MP, 2009 will also be an important piece of work to consider in thinking about the accountability of local bodies going forward, including the police.

<sup>8</sup> Separate provision is made for the scrutiny of health and crime and disorder matters through the NHS Act 2006, and Police & Justice Act 2006.

<sup>9</sup> The duty to co-operate applies to named public sector agencies working in partnership with local authorities through local area agreements. A list of these agencies appears at Annex A.

LAAs. And they relate to many other organisations than just those who are responsible for delivering the priorities set out in this agreement. Although in some places, other local service providers who have not formally signed up to the LAA – for example utility companies – voluntarily co-operate with council scrutiny reviews, this is not always the case. Whilst they each have their own accountability arrangements and standards to uphold (for example Ofgem’s role for gas and electricity companies), there are currently no requirements to respond to issues raised by council scrutiny committees despite the impact that the activities of these bodies can sometimes have on the local area. In too many cases, in order to address issues of concern, scrutiny committees have to come up with ways to persuade or shame other agencies into attending their meetings or co-operating with reviews. In some cases, their requests are flatly refused.

29. If they are to act effectively on citizen’s behalf, on all the issues which matter to them, we need to further strengthen the scrutiny powers which councils have. This would mean:

- **broadening** the number of bodies which can be subject to scrutiny committees: not limited to those responsible for health, crime and disorder or council functions, nor just those responsible for priority targets set out in the LAA
- **enhancing** the powers which these committees have. Officers and board members could be required to appear in front of the committee
- **enabling** scrutiny committees to make reports and recommendations to a wider range of bodies for their consideration, and these bodies could be required to have regard to the recommendations and formally respond to scrutiny committees

30. This consultation will seek views on the issues which should be subject to this enhanced scrutiny.<sup>10</sup> Subject to views, we propose to offer councils greater scrutiny over:

- **police strategies in local authority areas**, plans for which will be developed for consultation by the Home Office in the autumn
- **fire and rescue authorities**, to make sure their plans<sup>11</sup> fully reflect the right balance of protection, prevention and response for different communities; and to examine performance of individual fire and rescue authorities against their published equality and diversity plans
- **local authorities’ delivery of high-quality educational provision**

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<sup>10</sup> These proposals build on the issues considered in the ‘Improving Local Accountability Consultation’ (published 7 August 2008) which sought views on the approach to the legislative framework underpinning the extension of council scrutiny powers to LAA partner authorities in the *Local Government and Public Involvement in Health Act, 2007* and the further proposals for strengthening scrutiny announced in the *Communities in Control White Paper, 2008*.

<sup>11</sup> Each fire and rescue authority is required to consult and publish its integrated risk management planning (IRMP). IRMP is about improving public safety, reducing the number of fire incidents and saving lives. Integrated risk management has shifted the focus in planning to put people first, looking at the risks arising from all fires and other emergency incidents, and at the options for reducing and managing them.

to meet local demands and aspirations as well as for supporting and challenging schools to improve. These issues as set out in the Department for Children, Schools and Families' White Paper on 21st Century Schools would ensure further support to these issues that are of great importance to parents and more widely to local communities

- **probation authorities** over issues such as release of ex-offenders into an area, or making sure that they have timely access to local services that may be critical to prevent further offending. Councillors could also have a role in scrutinising the other partners involved in supporting reducing offending
- **provision of public transport and transport infrastructure**
- **Jobcentre Plus** and other employment related services in the local area
- **utility companies:** for example, where repairs which are badly organised and co-ordinated, causing unreasonable inconvenience, the overview and scrutiny committee would be able to look into the matter and make recommendations which the utility company would be required to have regard to, on future improvement programmes
- **young people's education and skills issues,** while recognising the independence of colleges and other learning providers. These services have a high degree of relevance for local communities, as shown by 84% of areas having at least one of the skills indicators in their Local Area Agreement and this has been recognised by the Government's decision to transfer funding to local authorities for education and training for 16–18-year-olds, supported by the creation of the Young Person's Learning Agency. Ensuring that these broader scrutiny powers apply to this issue and the range of partners involved will enable the ambition to put the young learner at the heart of a system to be fully realised. The Learning and Skills Council and its adult skills successor body, the Skills Funding Agency, will continue to be subject to the duty to co-operate through the LAA process.

### **Making scrutiny work more effectively for citizens**

31. Those scrutiny committees which are really effective are those which are well supported by their local authority. We are already requiring lead councils to designate an officer to support the scrutiny committee, which will help raise the profile and visibility of scrutiny.
32. The proposals in this consultation will further increase the status of scrutiny as one of the council's central roles. As the democratically accountable leaders of their areas, it will be a priority for every council leader to ensure that their council's scrutiny activities are effective. This will involve leaders and council executives considering carefully the resources that are devoted to scrutiny and the status accorded to those leading the scrutiny work.

33. One option is to place a duty on council chief executives to ensure that committees have adequate resources to carry out their work. While recognising the importance of scrutiny, this would also mean that final decisions on how best to organise resources are left with those who are best-placed to make them.
34. We also believe that scrutiny should take greater visibility and recognition as befits its vital role. A visible commitment by a local authority to the importance of overview of scrutiny would be ranking the position of chair of certain overview and scrutiny committees in the authority on a par with a cabinet post. This might include the special responsibility allowance for this post being equal to that of a cabinet member in the authority.
35. There is also the question of whether, and how, in extending scrutiny, executive members could be further involved in these activities in relation to the full range of local public services. This would have to be consistent with the need to avoid conflicts of interest between the executive's decision making role and the ability of the non-executive councillors to scrutinise those decisions.
36. There are also more open questions about the support that councils and those individuals charged with carrying out this function may need. As well as fully understanding how their council operates, councillors will need to fully appreciate the complexities of partnership working, and the context and legal framework in which those partners operate. They may well benefit from
  - expert advice from citizens or interest groups
  - more training and support
  - wider opportunities for sharing best practice
37. This consultation asks how best, in addition to any statutory measures, the local government scrutiny function can best be supported, possibly through measures identified above.

## Summary

38. Building on the current arrangements in place, we propose to strengthen the existing scrutiny powers as follows (a summary of the relationship between current and potential future local government scrutiny powers is included at Annex A including a list of duty to co-operate bodies):
  - making the description of scrutiny powers more explicit about local councils' role in scrutinising expenditure on delivery of local public services in an area
  - bringing a range of local public services fully under the scrutiny powers of local authorities with a focus on what matters for local people and local communities

- extending scrutiny powers in relation to LAA partners by removing the current limitations to scrutiny of specific LAA targets, and extending scrutiny powers more generally to a wider range of bodies whose activities may be crucial to the development of the area
  - extending scrutiny powers to enable committees to require attendance by officers or board members from partner bodies to give evidence at scrutiny hearings (similar to the powers already in existence for health and police)
39. At their most developed, the proposals in this consultation paper could mean a total of almost £250 billion public money would be subject to council scrutiny. This includes councils' own spending plus potentially more than £100 billion of public money a year spent on key local public services that were delivered locally but not by local government<sup>12</sup>.
40. In all these proposals it will be important to strike the right balance to ensure that the operational independence of external bodies is not compromised. These proposals are not about scrutinising the day to day actions of police officers, or clinical decisions, for example, but rather to enable councils to scrutinise the way in which services are delivered. We have a duty to citizens to ensure that bodies spending public money and delivering public services in local areas are open to appropriate, proper challenge and effective scrutiny by the democratically elected councillors for that area. We are also clear that local scrutiny must keep to those issues which affect local service delivery.
41. These proposals are not intended to add additional layers of bureaucratic process. On the contrary, they are intended to simplify the existing arrangements by removing certain limitations and restrictions that exist within the current legislative framework. Nor do we see these proposals leading to a free for all investigation of external bodies, or multiple requests for information from individual councillors. Many scrutiny committees will continue to operate as they do now; investigating issues of concern to local people as part of an agreed programme of work for the year and most of those issues are likely to relate to priorities already identified in the local area agreement. For those issues that do not, scrutiny committees would be able to use their enhanced powers in order to fully investigate on behalf of local people. In using their powers, scrutiny committees would be expected to consider the potential burdens of their requests on external bodies (in the same way as they will for LAA scrutiny under the current arrangements). This is an important issue, generally, but is more so when a body that will be scrutinised has a relationship with a number of individual councils. In these instances we would expect the individual councils to consider the impact of this 'many to one' situation in when and how they approach other bodies, for instance in issues of common interests joining up of requests with others. We will consider how best

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<sup>12</sup> Estimated cost of public services delivered locally but not by local government in 2007-08 is based on a subjective analysis of Table 10.1 from Public Expenditure Statistical Analyses 2009, Cm 7630, published by HM Treasury.



manage this issue In taking forward any proposals from this consultation.

### **Consultation questions**

***Do you agree that we should extend scrutiny powers in relation to Local Area Agreement (LAA) partners to cover the range of their activities in an area, not just those limited to specific LAA targets?***

***Do we need to make scrutiny powers more explicit in relation to local councils' role in scrutinising expenditure on delivery of local public services in an area? If so, what is the best way of achieving this?***

***Do you agree that we should bring all or some of the local public services as set out in this chapter fully under the local authority scrutiny regime? Are there other bodies who would benefit from scrutiny by Local Government?***

***How far do you agree that we should extend scrutiny powers to enable committees to require attendance by officers or board members of external organisations to give evidence at scrutiny hearings, similar to the powers already in existence for health and police?***

***What more could be done to ensure that councils adequately resource and support the local government scrutiny function to carry out its role to full effect?***

***How can council leaders ensure that scrutiny is a core function of how their organisations do business and have a full and proper role in scrutinising the full range of local public services?***

***What more could be done to better connect and promote the important role of local government scrutiny to local communities, for example, citizens as expert advisers to committees?***



**Draft response to:  
Strengthening Local Democracy, July 2009, CLG consultation  
paper**

**CHAPTER 1: LOCAL GOVERNMENT AT THE CENTRE OF  
DECISION MAKING**

**1. Do you agree that we should extend scrutiny powers in relation to Local Area Agreement (LAA) partners to cover the range of their activities in an area, not just those limited to specific LAA targets?**

Yes. This would prevent problems of definition and simplify matters significantly.

For scrutiny to enjoy an increased role in 'place shaping' it needs powers to look at all of the actions of agencies delivering services in a locality not just the limited number that relate to LAA targets.

Any new powers/guidance should however ensure that scrutiny focuses on specific issues rather than the running of individual agencies. Scrutiny, whilst local government based, should be seen as having a significant role within the LSP.

**2. Do we need to make scrutiny powers more explicit in relation to local councils' role in scrutinising expenditure on delivery of local public services in an area? If so, what is the best way of achieving this?**

Yes. There should be a power for committees to scrutinise any bodies delivering central and local government services in an area, whether directly or under contract.

It seems odd that scrutiny enjoys different powers in relation to health organisations than to other service providers. There should be standardisation across all sectors.

**3. Do you agree that we should bring all or some of the local public services as set out in this chapter fully under the local authority scrutiny regime? Are there other bodies which would benefit from scrutiny from local government?**

Yes. Local authority scrutiny functions should be given very broad powers to look at any organisation contributing to the wellbeing of an area. This should include local/regional offices of Government departments and agencies; privatised utilities and transport operators, governing bodies of schools, and colleges.

If scrutiny is to be able to really 'place-shape' then private companies e.g. transport/utilities should be under a duty to cooperate. There is also an

argument for placing such a duty on large companies whose actions will have a significant impact on local communities, for example supermarkets, large local employers, and developers.

**4. How far do you agree that we should extend scrutiny powers to enable committees to require attendance by officers or board members of external organisations to give evidence at scrutiny hearings, similar to the powers already in existence for health and police?**

To be effective scrutiny powers need to include the ability to require information and attendance from senior officers. It would seem sensible to extend the requirement to attend to all senior officers in all organisations that fall under the remit of scrutiny.

**5. What more could be done to ensure that councils adequately resource and support the local government scrutiny function to carry out its role to full effect?**

The precise funding arrangements for council's scrutiny functions should be left for local consideration.

However government should make clear its expectation of the role of scrutiny; this can be done by increasing the remit and power of local authority scrutiny functions government.

A scrutiny function that has the power to look in a meaningful way at the actions of other local organisations and really support a council in its partnerships is far more likely to be well resourced than if its powers are primarily internally focused.

**6. How can council leaders ensure that scrutiny is a core function of how their organisations do business and have a full and proper role in scrutinising the full range of local public services?**

There is a slight paradox evident in the question in that part of scrutiny's role is to hold the council leader to account; charging the council leader therefore with ensuring the effectiveness of scrutiny is questionable. This is surely the role of Full Council, Chief Executive or Monitoring Officer.

Scrutiny can be supported by ensuring it has sufficient resources to undertake an appropriate number of detailed policy reviews, that its recommendations are seen to be seriously considered and it enjoys parity of esteem with the executive function.

**7. What more could be done to better connect and promote the important role of local government scrutiny to local communities, for example citizens as expert advisers to committees?**

Scrutiny already enjoys flexibility in its use of expert advisors and co-opted members. Government could usefully explore direct public requests for scrutiny of a topic and area based scrutiny to support elected members ward roles.

# OVERVIEW AND SCRUTINY COMMISSION

**Agenda Item 32**  
Brighton & Hove City Council

**Subject:** Scrutiny of Budget Proposals  
**Date of Meeting:** 8 September 2009  
**Report of:** Director of Strategy and Governance  
**Contact Officer:** Name: Tom Hook Tel: 29-1110  
E-mail: Tom.hook@brighton-hove.gov.uk  
**Wards Affected:** All

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

1.1 This report outlines the proposed budget scrutiny process for 2010/11.

### 2. RECOMMENDATIONS:

2.1 That the Commission:

- (1) Agrees the process for scrutiny of the 2010/11 budget as set out in this report and instructs officers to make the necessary arrangements.

### 3. BACKGROUND INFORMATION

3.1 At its last meeting the Overview and Scrutiny Commission received comparative information on approaches taken in other local authorities to budget scrutiny.

3.2 Also presented to the Commission was a timetable outlining the dates when Cabinet and Council would be considering budget matters during the 2010/11 budget setting process.

3.3 Members should note that the date of the Cabinet to which the draft budget is to be presented has moved from the 3<sup>rd</sup> to the 9<sup>th</sup> December 2009.

3.4 Looking at the Overview and Scrutiny Committee timetable for December and January there are very few existing O&S meeting dates suitable to use for budget scrutiny. It is therefore suggested that a series of Budget Scrutiny Seminars are arranged in December and January.

- 3.5 Seminars would feed comments on their themed areas to the Commission on the 16<sup>th</sup> January which would agree a scrutiny response to the proposals which would then be reported to Cabinet on the 11<sup>th</sup> February. The suggested timetable is set out below:

Cabinet (Budget Strategies)	9 Dec 2009
O&S Commission	15 Dec 2009
Scrutiny Budget Seminars ECSOSC, ASHOSC, CYPOSC, CTEOSC	Dec 09/Jan 10
Cabinet (Council Taxbase)	14 Jan 2010
O&S Commission (Final scrutiny response)	26 Jan 2010
Cabinet (General Fund Revenue Budget and Council Tax)	11 Feb 2010
Cabinet (Capital Resources and Capital Investment)	11 Feb 2010
Budget Council	25 Feb 2010

#### **4. CONSULTATION**

- 4.1 The Director of Finance & Resources has been consulted on this report.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 There are no direct financial implications arising from this report. The proposed timetable will ensure the Commission is consulted on budget proposals.

*Finance Officer Consulted: Anne Silley*

*Date: 26 August 2009*

##### Legal Implications:

- 5.2 Scrutinising Executive decisions on finance matters, including those relating to annual budget, is one of the main functions of the Overview & Scrutiny Commission.

Having identified a programme of work, the Commission may identify the most appropriate means of progressing the matter. Hence the Commission is entitled to set up a series of scrutiny seminars if this is considered the most effective vehicle for the work in hand.

Lawyer consulted: Oliver Dixon

Date: 25 August 2009

Equalities Implications:

5.3 There are no direct sustainability implications to this report.

Sustainability Implications:

5.4 There are no direct sustainability implications to this report.

Crime & Disorder Implications:

5.5 There are no direct crime and disorder implications to this report.

Risk and Opportunity Management Implications:

5.6 There are no direct crime and disorder implications to this report.

Corporate / Citywide Implications:

5.7 The Council's budget impacts on levels of Council Tax and service levels and therefore has citywide implications.

**SUPPORTING DOCUMENTATION**

None





**Overview and Scrutiny Commission Work Plan 2009 - 2010**

Issue	Overview & Scrutiny Activity	Outcome & Monitoring/Dates
<b>2<sup>nd</sup> June 2009</b>		
Sustainable Communities Act	Information on the legislation and its relevance to O&S. Ad hoc panels may generate suggestions for future submissions.	Officers to generate a bank of ideas, as result of OSC work, which could be submitted under future rounds of the Act.
BME/Disabilities	Report requested by Cllr Elgood on BME workforce statistics.	Further report to be provided to OSC
Recession Information	Item on the Council response to the recession and its impact upon the City. Will be possible for OSC to contribute to the future development of Third Sector Relief Package.	Draft Third Sector Recession Action Plan in partnership with the Community and Voluntary Sector Forum and the LSP be brought back to the Commission for comment and Member input prior to its agreement
ICT Risk	Referral from Audit Committee.	ICT developments to be reported back to the Audit Committee
Overview and Scrutiny Annual Report 2008 - 2009	OSC is required to submit Annual report to Council. Committee to agree content of report.	Annual report submitted to Council 16 July.
OSC Work Plan	To discuss/agree OSC work plan for the year.	Maintained under review.

Issue	Overview & Scrutiny Activity	Outcome & Monitoring/Dates
<b>14<sup>th</sup> July 2009</b>		
LAA Annual Performance Report	O&S performance management; opportunity to review LAA targets and ask for in-depth information of areas of concern.	Scrutiny Committee Chairs asked to review areas of off-target performance
Equalities Update	To include Equalities Peer Review. Commission has a remit to scrutinise equality issues and has 6 monthly updates.	Scoping report on disabilities to be provided to the next meeting, 8 September
Good Practice Budget Scrutiny	Report on arrangements within other local authorities to scrutinise the budget/budget setting process. Members will have the opportunity to recommend changes to the manner in which budget scrutiny is undertaken within the Council.	Seminars proposed for all O&S Committees with outcomes to be reported to 26 January OSC
Budget Provisional turn-out 2008/09	Ongoing budget monitoring.	Maintain under review
Work Plan and work plans of all O&S Committees	OSC has remit to coordinate the work of all the O&S Committees. Chairman of each O&S Committee to present the work plan for 2009-10.	Maintain under review

Overview and Scrutiny and the Local Strategic Partnership

O&S Committees will continue to receive quarterly performance reports on the LAA.

The Chair of the LSP will be invited to the OSC once a year to provide an overview of the priorities and

<b>Issue</b>	<b>Overview &amp; Scrutiny Activity</b>	<b>Outcome &amp; Monitoring/Dates</b>
		<p>achievements of the LSP.</p> <p>The Chairs of each of the Thematic LSP Groups will be invited to attend the relevant O&amp;S Committee once a year.</p> <p>The LSP will be invited to suggest items for the O&amp;S work programme including in-depth reviews into specific areas of work, and O&amp;S Committees will be able to request issues for discussion by the LSP'.</p> <p>When undertaking work planning, O&amp;S Committees will take into account the work of the relevant LSP themed groups and actively consult with them. This is especially relevant when looking to establish a scrutiny panel.</p>
Sustainable Community Strategy	O&S chance to feed views into the consultation process in developing the Strategy.	Member Workshop on Sustainable Community Strategy to be arranged

<b>8<sup>th</sup> September 2009</b>		
Place Survey	For information	
Scoping Report on Disability	To determine whether further scrutiny action is needed.	
Strengthening Local Democracy	Government Consultation	
GP-led Heath Centre – Report of the Scrutiny Panel	Report approved by October HOSC, for information.	
Council's Forward Plan	For monitoring	
<b>20 October</b>		
Best practice scrutiny examples	Council resolved as part of the 6 month review of the constitution to look at best practice re O&S from around the Country	
Targeted Budget Management Month Four	Ongoing budget monitoring.	
Climate Change Scrutiny Panel Report	OSC to endorse the report.	

Street Accessibility Scrutiny Panel Report	OSC to endorse the report.	
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<b>15 December</b>		
Targeted Budget Management Month Six	Ongoing budget monitoring.	
6 monthly update from OSC Chairs		
Dignity at Work scrutiny panel report	OSC to endorse the report.	
LAA 6 month progress report		

<b>26 January 2010</b>		

**16 March 2010**


**27 April 2010**








# Brighton & Hove City Council

## FORWARD PLAN OF KEY DECISIONS

FROM SEPTEMBER TO DECEMBER 2009

KING'S HOUSE  
GRAND AVENUE  
HOVE  
BN3 2LS  
[www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk)

Edition 16

Published 17 August 2009

For further detailed information regarding specific issues to be considered by the Cabinet/Individual Cabinet Member please contact the named contact officer for the item concerned.

The Leader of the Council is required to publish a forward plan setting out matters which the Leader believes will be the subject of a **key decision** by the Cabinet or an individual Cabinet Member in the period covered by the Plan (the subsequent four months). Not all Key decisions can be listed with four months notice because in some cases the need for a decision is not known at the time of writing. The Council's Constitution states that a key decision is one that involves:

- (a) *Expenditure which is, or the making of savings which are, significant having regard to the expenditure of the City Council's budget, namely above £500,000 per annum; or*
- (b) *Is significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions (wards).*

As a matter of good practice, the Council's Forward Plan may include other items in addition to key decisions that are to be considered by the Cabinet/Individual Cabinet Members. This additional information is provided to inform local residents of matters to be considered, with the exception of issues which are dealt with under the urgency provisions.

For each decision included on the Plan the following information is provided:

- the name of the individual or body that is to make the decision and the date of the meeting
- the title of the report and decision to be considered
- individuals/groups that will be consulted prior to the decision being taken
- a list of other appropriate documents
- the name and telephone number of the contact officer and to whom any representations should be sent for each item.

The Plan is updated and published every month on the Council's web-site two weeks before the start of the period to be covered.

Meetings of the Cabinet/Individual Cabinet Members are open to the public (with the exception of discussion regarding reports which contain exempt/confidential information). Copies of agenda and reports for meetings are available on the web site in advance of meetings. For further details on the time of meetings and general information about the Plan please contact Mark Wall, Head of Democratic Services at Kings House, Grand Avenue, Hove, BN3 2LS, or telephone 01273 291006 or send an e-mail to [mark.wall@brighton-hove.gov.uk](mailto:mark.wall@brighton-hove.gov.uk).

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Brighton & Hove City Council Forward Plan September to December

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<b>ITEMS PREVIOUSLY LISTED IN THE FORWARD PLAN BUT NOW WITHDRAWN OR DEFERRED FOR THE REASONS STATED</b>					
CAB 5498		<p>All Wards; <b>Hangleton Bottom - Land Use Options</b></p> <p>To seek agreement to the marketing approach and future use of the site.</p> <p>This item has been deferred to allow for further consultation and consideration of options and will be brought to a future meeting.</p>	<p>Cabinet Cabinet Member for Central Services</p> <p>Edition 5 Revised</p>		<p>Angela Dymott Tel: 29-1450</p>

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CYP 6441		<p>All Wards;  <b>Wilson Avenue/City College Brighton and Hove</b></p> <p>To consider the findings of the Wilson Avenue feasibility study and to receive an update on the wider City College Brighton and Hove redevelopment project.</p> <p>This item has been deferred to allow for further consultation and consideration of options by the Project Board and will be brought to a future meeting.</p>	<p>Cabinet Member for Children &amp; Young People            Cabinet Member for Children &amp; Young People</p> <p>Edition 6 - Revised 2</p>	<p>The Wilson Avenue feasibility study has involved consultation of students, community groups and potential learners in East Brighton.</p>	<p>Max Woodford Tel: 29-3451</p>

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EEM 5518		<p>All Wards;  <b>Wilson Avenue/City College Brighton and Hove</b></p> <p>To consider the findings of the Wilson Avenue feasibility study and to receive an update on the wider City College Brighton and Hove redevelopment project.</p> <p>This item has been deferred to allow for further consultation and consideration of options by the Project Board and will be brought to a future meeting.</p>	<p>Cabinet Member for Enterprise, Employment &amp; Major Projects</p> <p>Edition 5 Revised</p>	<p>The Wilson Avenue feasibility study has involved consultation of students, community groups and potential learners in East Brighton.</p>	<p>Max Woodford Tel: 29-3451</p>

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EEM 5520		<p>All Wards; <b>London Road Regeneration</b></p> <p>An update on the proposals being developed by St. James' Investments for a scheme to regenerate London Road to the south and west of Preston Circus.</p> <p>The matter has been deferred to enable future consideration of the options in line with the publication of the supplementary planning document for the London Road area.</p>	<p>Cabinet Member for Enterprise, Employment &amp; Major Projects</p> <p>Edition 5 Revised</p>	<p>Initial public and stakeholder consultation held 23-26 April 2008, consultation with tenants at New England House held 9 &amp; 11 July 2008, Second public and stakeholder consultation held 16-19 July 2008.</p>	<p>Sean Hambrook Tel: 29-0362</p>

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CAB 10416		<p>All Wards;  <b>Third Sector Recession Action Plan</b></p> <p>To approve draft Recession Action Plan for the Third Sector in Brighton &amp; Hove. In summary, the plan contains a package of measures to support voluntary and community groups in the city at a time when their income is falling and demand on their services is increasing. The expected outcome is a more resilient third sector, better prepared to survive the economic downturn and to rise to new opportunities when they arise</p> <p>Note: Item deferred to a later date at the request of the Director.</p>	<p>Cabinet            Cabinet Member for Community Affairs, Inclusion &amp; Internal Relations</p> <p>Edition 13</p>	<p>A draft of the Action Plan has been shared with several officers across the council and discussed with several third sector representatives, including a consultation workshop on April 30th. The draft has been discussed with the council's Equalities &amp; Inclusion Team with a view to ensuring that equalities issues are dealt with in the Plan. Further consultation will be held across the council, third sector and Local Strategic Partnership (LSP) members during the summer to enable the Plan to be developed further.</p>	<p>John Routledge Tel: 29-1112</p>

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CAB 10298		<p>South Portslade;  <b>Shoreham Harbour Area Action Plan: Joint Area Action Plan Preferred Option</b></p> <p>To approve the draft area action plan for consultation.</p> <p>Note: This item was originally called 'Shoreham Harbour Draft Joint Area Action Plan (JAAP)- Approval for Issues and Options Consultation'</p> <p>The reason for the title change is that the issues and options consultation planned for June 2009 was cancelled due to delays to background studies being completed. The public consultation will now be centred on the preferred option and undertaken in October/November 2009.</p> <p>Note: This item has been deferred at the request of the Director due to the withdrawal of funding by SEEDA &amp; the Homes &amp; Communities Agency.</p>	<p>Cabinet                      Cabinet Member for Environment</p> <p>Edition 13</p>	<p>Consultation with Adur District Council and West Sussex County Council and public consultation exercise with residents and local businesses.</p>	<p>Lisa Marshall Tel: 292612</p>

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CAB 9424		<p>All Wards;  <b>Draft Sustainable Community Strategy Refresh</b></p> <p>The current Community Strategy runs from 2006-2009. The LSP is refreshing the plan to run from 2009-2013.</p> <p>Note: Item moved from 11<sup>th</sup> June Cabinet to 9<sup>th</sup> July cabinet at the request of the Director.</p> <p>Note: item moved from the 9<sup>th</sup> July Cabinet to the 11<sup>th</sup> June cabinet at the request of the Director.</p> <p>Note: This item has been deferred until a date later in the year at the request of the Director.</p> <p>Note: This item has been abandoned at the request of the Director as the first stage has been completed and the item no longer needed to go to Cabinet.</p>	<p>Cabinet                      Leader of the Council</p> <p>Edition 11</p>	TBA	Simon Newall Tel: 29-1128

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<b>DECISIONS ANTICIPATED FOR SEPTEMBER 2009</b>					
ENV 10358	24/09/09	<p>East Brighton; Preston Park;  <b>Resident parking consultation report</b></p> <p>The reports sets out the results of a large parking consultation based on the proposal of 2 schemes for the London Road Station area and the Area H (RSCH) extension area.</p>	<p>Cabinet Member for Environment</p> <p>Edition 13</p>	<p>A large consultation based on the proposal of 2 resident parking schemes is taking place in Spring 2009. Ward Councillors from Preston park, St Peters &amp; North Laine Rottingdean Coastal &amp; East Brighton will all have been involved in the consultation process.</p>	<p>Charles Field Tel: 29-3329</p>

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CAB 6466	17/09/09	<p>Regency; <b>Pedestrian Network - Phase 2</b></p> <p>Approval to implement physical improvements to the walking network. Approval to construct phase 2 of the Pedestrian network.</p> <p>Note: Item moved from 7th May Cabinet Member Meeting to 21<sup>st</sup> May Cabinet at the request of the Director.</p> <p>Note: Item deferred to the 11<sup>th</sup> June Cabinet at the request of the Director.</p> <p>Note: Item deferred from 11<sup>th</sup> June Cabinet to 9<sup>th</sup> July Cabinet at the request of the Director.</p> <p>Note: Item deferred at the request of the Director from 9th July Cabinet to 17th September cabinet.</p>	<p>Cabinet Cabinet Member for Environment</p> <p>Edition 7</p>	<p>Consultation will have been carried out with local residents and businesses as well as stakeholders representing the disabled, pedestrians, cyclists and tourists.</p>	<p>Tom Campbell Tel: 29-3328</p>

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CAB 8684	17/09/09	<p>All Wards;  <b>Circus Street Development Site</b></p> <p>To consider a revised deal to achieve a financially viable redevelopment of the Circus Street site in light of prevailing market conditions.</p> <p>Note: It is likely that there will be a public Part 1 report and a restricted Part 2 report for this item listed on the agenda for the meeting.</p> <p>This item has been deferred at the request of the Director from 9th July Cabinet to 17th September Cabinet.</p>	<p>Cabinet                      Cabinet Member for Enterprise, Employment &amp; Major Projects</p> <p>Edition 10</p>	<p>Internal officer consultation only for this particular decision. The progression and evolution of the final scheme will involve further detailed public consultation.</p>	<p>Max Woodford Tel: 29-3451</p>

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CAB 10354	17/09/09	<p>All Wards;  <b>Building Schools for the Future – Readiness to Deliver Submission</b></p> <p>To seek authority to submit the readiness to deliver submission for Building Schools for the Future and to agree that it should be submitted to the Partnership for Schools.</p> <p>Note: Item deferred from 11 June Cabinet to 9th July Cabinet at request of the Director.</p> <p>Note: Item deferred from 9<sup>th</sup> July Cabinet to 17<sup>th</sup> September Cabinet. The reason for this deferral is that prior to the completion of the Readiness to Deliver Submission Statement, a meeting needs to take place with the Office of the Schools Commissioner.</p>	<p>Cabinet            Cabinet Member for Children &amp; Young People</p> <p>Edition 13</p>	<p>Consultation plan in place.</p> <p>Visioning work with Schools begun October 2008. Sub Groups –SEN, Transition, ICT, Sport, 14-19 in place since Jan 2009.</p> <p>Masterplanning carried out on first four schools (Jan-June 2009).</p>	<p>Gil Sweetenham Tel: 29-3433</p>

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CAB 11428	17/09/09	<p>Moulsecoomb &amp; Bevendean;  <b>Falmer Academy: Progress to date and submission of the Final Business Case.</b></p> <p>To advise Cabinet of the current project progress status and seek agreement to the Final Business Case for submission to Partnerships for Schools following receipt of detailed Planning Approval.</p>	<p>Cabinet                      Cabinet Member for Children &amp; Young People</p> <p>Edition 15</p>	<p>Prior to submission, consultation on the proposed content and format of the FBC will have been undertaken with the Project Sponsor, the Design User Group, Project Steering Group and Partnership Board. The proposals are to be submitted for detailed Planning Approval on 13th July 2009, following a public exhibition on 22nd June 2009.</p> <p>Statutory and non-statutory consultation will be undertaken with key stakeholders as part of the Planning Consultation process.</p>	<p>Gil Sweetenham Tel: 29-3433</p>

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CAB 10537	17/09/09	All Wards; <b>ICT Strategy 2009-2012</b>  To seek agreement on the direction of ICT for the Council.	Cabinet Cabinet Member for Central Services  Edition 13	None as yet.	Paul Featherstone Tel: 290433

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CAB 6350	17/09/09	<p>All Wards;  <b>Charter House Hotel - Proposed Future Options</b></p> <p>To reach agreement on future plans for the property.</p> <p>Note: The title and description have been updated since publication of Edition 9 of the Forward Plan.</p> <p>Note: Item has been deferred on the 10<sup>th</sup> March at the request of the Director due to Overview &amp; Scrutiny Committee requirements for consultation.</p> <p>Note: Item moved to the 11<sup>th</sup> June cabinet at the request of the Director.</p> <p>Note: Item deferred to a later date at the request of the Director.</p> <p>Note: Item deferred to 17th September Cabinet at request of the Director.</p>	<p>Cabinet                      Cabinet Member for Central Services</p> <p>Edition 7</p>		<p>Angela Dymott Tel: 29-1450</p>

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CAB 11236	17/09/09	<p>Moulsecoomb &amp; Bevendean;  <b>Preston Barracks Development – Update and future arrangements</b></p> <p>To advise of progress since the March 2009 report to Cabinet in working with partners to explore alternative scheme options and potential delivery arrangements. The report will also seek agreement to revised project management arrangements, including the establishment of a new Project Board.</p>	<p>Cabinet                      Cabinet Member for Enterprise, Employment &amp; Major Projects</p> <p>Edition 14</p>		<p>Mark Jago Tel: 29-1106</p>

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CAB 11238	17/09/09	All Wards; <b>New Historical Records Office and Resource Centre (The Keep) – Project update, funding arrangements and future delivery</b>  To advise Cabinet of developments since the report to Policy & Resources in April 2008, and seeking agreement to continued partnership working with ESCC to enable continued development of a preferred scheme option.	Cabinet Cabinet Member for Enterprise, Employment & Major Projects  Edition 14		Mark Jago Tel: 29-1106
CAB 11485	17/09/09	All Wards; <b>Targeted Budget Management (TBM) 2009/10 Month 4</b>  To update members on the Capital and Revenue financial performance of the Authority's General Fund and Housing Revenue Accounts at Month 4.	Cabinet Cabinet Member for Finance  Edition 15	None.	Nigel Manvell Tel: 29-3104

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CAB 11470	17/09/09	<p>All Wards;  <b>Wellington Road Tender report</b></p> <p>To seek agreement to tender for a support service at 18 Wellington Road</p>	<p>Cabinet                      Councillor Maria Caulfield</p> <p>Edition 15</p>	<p>Consultation has been undertaken as part of the development of the commissioning strategy. The Learning Disability Partnership Board and sub groups have also been consulted specifically in relation to the service and their comments are included in the report.</p>	<p>Diana Bernhardt Tel: 292363</p>

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CAB 11597	17/09/09	<p><b>Corporate Procurement for Legionella Monitoring - Control, Prevention &amp; Risk Management Services Contract for 2010-2014 (5 years)</b></p> <p>To seek approval to undertake a competitive tendering exercise in accordance with OJEU (Official Journal of the European Union) legislation To seek approval to undertake a competitive tendering exercise in accordance with OJEU (Official Journal of the European Union) legislation for the Provision of Legionella Control, Prevention and Risk Management Service programmed to ensure full compliance with Code of Practice &amp; Guidance for Legionnaires Disease within the Council's civic, education and adult social care buildings.</p>	<p>Cabinet Cabinet Member for Central Services</p> <p>Edition 15</p>		<p>Ian Sharpe Tel: 294590</p>

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CAB 11828	17/09/09	<p>All Wards;  <b>Corporate Procurement of Energy - Sub 100Kw Energy Contract for 2010 Onwards</b></p> <p>This report seeks approval to undertake a tendering exercise following the Official Journal of the European Union process (OJEU), for the council's sub100kW electricity contract that ends in March 2010. The report will outline alternative tendering options and seek delegated powers to enable expedient contract placement in order to obtain value for money within the volatile energy market.</p>	Cabinet Cabinet Member for Central Services		Jason Clarke Tel: 01273 291431

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CAB 11908	17/09/09	All Wards; <b>Shoreham Harbour Regeneration</b>  To provide an update and reaffirm the council's commitment to the production of a Joint Area Action Plan together with Adur District Council and West Sussex County Council. Cabinet are asked to agree to the establishment of a Joint Committee with ADC and WSCC to steer the project forward.	Cabinet Cabinet Member for Enterprise, Employment & Major Projects	There have been a number of consultations with local stakeholders, including community groups, individuals, organisations and the business community.	David Fleming Tel: 01273 292700
CAB 11928	17/09/09	All Wards; <b>Approval to procure street lighting maintenance contract</b>  The report seeks approval for the procurement of a street lighting maintenance contract jointly with East Sussex County Council and to replace the existing contract when it expires.	Cabinet Cabinet Member for Environment	Legal & Procurement.  East Sussex County Council	Christina Liassides Tel: 01273 - 29 - 2036

For further detailed information regarding specific issues to be considered by the Cabinet/Individual Cabinet Member please contact the named contact officer for the item concerned.

Brighton & Hove City Council Forward Plan September to December

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CAB 12107	17/09/09	All Wards; <b>Approval to procure street lighting energy contract</b>  The report seeks approval for the procurement of a value for money flexible street lighting energy contract jointly with East Sussex County Council and to replace the existing contract when it expires.	Cabinet Cabinet Member for Environment	Legal & Procurement.  East Sussex County Council	Christina Liassides Tel: 01273 - 29 - 2036
CTB 11483	07/09/09 08/10/09	All Wards; <b>Brighton and Hove Children and Young People's Plan</b>  To seek agreement to the content and strategic priorities for the Children and Young People's Trust set out in the CYPP 2009-12.	Children & Young People's Trust Board  Council Cabinet Member for Children & Young People  Edition 15	Consultation with Key Stakeholders has been completed	Steve Barton Tel: 29-6105

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Brighton & Hove City Council Forward Plan September to December

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<b>DECISIONS ANTICIPATED IN OCTOBER 2009</b>					
ASC 2164	19/10/09	<p>All Wards; <b>Sussex Partnership Trust (SPT) Contract</b></p> <p>As SPT move into foundation trust status, the nature of our arrangements through section 75 agreement need to be considered.</p> <p>This will now be deferred to the Adult Social Care &amp; Health Cabinet Member Meeting in December 2008 (originally set for 02 July CMM).</p> <p>Deferred as main contract for SPT delayed. Possible completion March 2009.</p> <p>This item was deferred on 25th February at the request of the Director and will now be deferred until later in the year. The reason for the delay is that agreements between The Primary Care Trust, The Sussex Partnership Foundation Trust and the Local Authority on how the Section 75</p>	<p>Cabinet Member for Adult Social Care &amp; Health Cabinet Member for Adult Social Care &amp; Health</p> <p>Edition 1</p>	<p>Joint with Primary Care Trust. Consultation regarding the Foundation Trust underway including Health Overview and Scrutiny committee, by Sussex Partnership Trust.</p>	<p>Denise D'Souza Tel: 29-5032</p>

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Brighton & Hove City Council Forward Plan September to December

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		arrangements are to be reflected within the new foundation trust contract have yet to be agreed.			
CAB 10300	15/10/09	All Wards; <b>Consideration of Draft Waste and Minerals Core Strategy for consultation</b>  To seek approval to go out to consultation with the Preferred Strategy.	Cabinet Cabinet Member for Environment	An early consultation phase was undertaken in March 2008. Stakeholder consultation has been ongoing since that date.  Internal legal and finance consultation will be undertaken for this report.	Lyndsey Beveridge Tel: 29-2108

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Brighton & Hove City Council Forward Plan September to December

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<b>DECISIONS ANTICIPATED IN NOVEMBER 2009</b>					
HSG 2159	11/11/09	<p>All Wards; <b>Sussex Partnership Trust (SPT) Contract</b></p> <p>As SPT move into foundation trust status, the nature of our arrangements through section 75 agreement need to be considered.</p> <p>This was deferred to the November Housing Cabinet Member Meeting (originally set for 02 July CMM).</p> <p>Deferred as main contract for SPT delayed. Possible completion March 2009.</p> <p>This item was deferred on 25<sup>th</sup> February at the request of the Director and will now be deferred until later in the year. The reason for the delay is that agreements between The Primary Care Trust, The Sussex Partnership Foundation Trust and the Local Authority on how the Section 75 arrangements are to be reflected within</p>	<p>Cabinet Member for Housing Cabinet Member for Housing</p> <p>Edition 1</p>	<p>Joint with Primary Care Trust. Consultation regarding Foundation Trust underway, including Health Overview and Scrutiny Committee, by Sussex Partnership Trust.</p>	<p>Denise D'Souza Tel: 29-5032</p>

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Brighton & Hove City Council Forward Plan September to December

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		the new foundation trust contract have yet to be agreed.			
HSG 11674	11/11/09	All Wards; <b>Housing Strategy 2009-2013: Healthy Homes, Healthy Lives, Healthy city</b>  Approval is sought for the citywide Housing Strategy and also the linked Older People's Housing Strategy and LGBT People's Housing Strategy. Approval is also being sought from the Local Strategic Partnership	Cabinet Member for Housing Cabinet Member for Housing	These strategies have been developed over the last 2 years with extensive stakeholder and public consultation. Stakeholder working groups have championed the Older People's and LGBT People's strategies.	Andy Staniford Tel: 29-3159
CAB 11487	12/11/09	All Wards; <b>Targeted Budget Management (TBM) 2009/10 Month 6</b>  To update members on the Capital and Revenue financial performance of the Authority's General Fund and Housing Revenue Accounts at Month 6	Cabinet Cabinet Member for Finance  Edition 15	None.	Nigel Manvell Tel: 29-3104

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Brighton & Hove City Council Forward Plan September to December

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CAB 11932	12/11/09	<p>All Wards;  <b>Surveillance Policy – annual report on the Regulation of Investigatory Powers Act</b></p> <p>The purpose of the report is to bring before Cabinet the details of the annual review of activities that have been undertaken under the Regulation of Investigatory Powers Act.</p>	<p>Cabinet                      Cabinet Member for Environment</p>	<p>Consultation will be carried out across all Directorates.</p>	<p>Jo Player Tel: 29-4086</p>
CAB 3080	12/11/09	<p>All Wards;  <b>Local Development Framework - Brighton &amp; Hove Core Strategy: Submission Version</b></p> <p>To seek approval to publish the city council's Submission version of the Core Strategy (Reg 27).</p> <p>This item had been deferred from the 18<sup>th</sup> December Cabinet to the 15<sup>th</sup> January 2009 Cabinet meeting.</p> <p>Deferred to April 23<sup>rd</sup> meeting. 16 January: The item has been delayed until the September Cabinet meeting.</p>	<p>Cabinet                      Cabinet Member for Environment</p> <p>Edition 4</p>	<p>The Core Strategy has been subject to two rounds of formal public consultation in November 2006 and June 2008.</p> <p>Internal legal and finance consultation will be undertaken for this report.</p>	<p>Liz Hobden Tel: 29-2504</p>

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Brighton & Hove City Council Forward Plan September to December

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		<p>Note: The title of this item has been changed from 'Local Development Framework – Core Strategy' which first appeared in Edition 4 of the Forward Plan, to 'Local Development Framework -Brighton &amp; Hove Core Strategy: Submission Version' at the request of the Director.</p> <p>Note: Item deferred to November Cabinet Meeting at the request of the Director</p>			

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Brighton & Hove City Council Forward Plan September to December

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JCB 11472	16/11/09	<p>All Wards; <b>Sussex Partnership Trust (SPT) Contract</b></p> <p>As SPT move into foundation trust status, the nature of our arrangements through section 75 agreement need to be considered.</p> <p>This was deferred to the November Housing Cabinet Member Meeting (originally set for 02 July CMM).</p> <p>Deferred as main contract for SPT delayed. Possible completion March 2009.</p> <p>This item was deferred on 25th February at the request of the Director and will now be deferred until later in the year. The reason for the delay is that agreements between The Primary Care Trust, The Sussex Partnership Foundation Trust and the Local Authority on how the Section 75 arrangements are to be reflected within the new foundation trust contract have yet to be agreed.</p>	<p>Joint Commissioning Board Cabinet Member for Adult Social Care &amp; Health</p> <p>Edition 15</p>	<p>Joint with Primary Care Trust. Consultation regarding Foundation Trust underway, including Health Overview and Scrutiny Committee, by Sussex Partnership Trust.</p>	<p>Denise D'Souza Tel: 29-5032</p>

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<b>DECISIONS ANTICIPATED IN DECEMBER 2009</b>					
CAB 11831	03/12/09	All Wards; <b>Sustainable Community Strategy 2009 Refresh</b>  Cabinet approval required to take forward the draft of the updated document into a final, published version.	Cabinet Cabinet Member for Community Affairs, Inclusion & Internal Relations	12 week consultation ends 5/10/09.	Simon Newall Tel: 29-1128

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CAB 11774	03/12/09	All Wards; <b>Three Year Strategic Grants 2010-13</b>  Decision on full bid applications.	Cabinet Cabinet Member for Community Affairs, Inclusion & Internal Relations	A process of consultation with service heads & specialist officers will be underpinned by input from the established cross-party Members Advisory Group (MAG) on Grants.  This will identify grant applicants' fit with eligibility criteria, strategic impact, links & partnerships, as well as capacity to deliver.  The consultation process will frame recommendations made in the associated Cabinet report	John Routledge Tel: 29-1112

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Brighton & Hove City Council Forward Plan September to December

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CAB 11460	03/12/09	<p>All Wards;  <b>Housing Strategy 2009-2013: Healthy Homes, Healthy Lives, Healthy city</b></p> <p>Approval is sought for the citywide Housing Strategy and also the linked Older People's Housing Strategy and LGBT People's Housing Strategy. Approval is also being sought from the Local Strategic Partnership</p>	Cabinet Cabinet Member for Housing	These strategies have been developed over the last 2 years with extensive stakeholder and public consultation. Stakeholder working groups have championed the Older People's and LGBT People's strategies.	Andy Staniford Tel: 29-3159

**REPORTS TO BE APPROVED BY OFFICERS UNDER DELEGATED POWERS**

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# OVERVIEW AND SCRUTINY COMMISSION

## Agenda Item 35

Brighton & Hove City Council

**Subject:** GP-Led Health Centre  
**Date of Meeting:** 8 September 2009  
**Report of:** Director of Strategy and Governance  
**Contact Officer:** Name: Tom Hook Tel: 29-1110  
E-mail: Tom.hook@brighton-hove.gov.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This paper presents for information the scrutiny panel report into the establishment of a GP-Led Health Centre.

#### 2. RECOMMENDATIONS:

- 2.1 That the Commission notes the attached report.

#### 3. BACKGROUND INFORMATION

- 3.1 At the 04 March 2009 Health Overview & Scrutiny Committee (HOSC) meeting, HOSC members agreed to review the establishment of a Brighton & Hove GP-Led Health Centre.
- 3.2 The Panel consisted on Cllrs Trevor Alford (Chair), Kevin Allen and Jason Kitcat.
- 3.3 The attached report (Appendix 1) was agreed at HOSC in July 2009. The report has been sent to the PCT and we are currently awaiting a response.

#### 4. CONSULTATION

- 4.1 None.

#### 5. FINANCIAL & OTHER IMPLICATIONS:

##### Financial Implications:

- 5.1 There are no direct financial implications arising from this report.

Legal Implications:

5.2 There are no direct financial implications arising from this report.

Equalities Implications:

5.3 There are no direct sustainability implications to this report.

Sustainability Implications:

5.4 There are no direct sustainability implications to this report.

Crime & Disorder Implications:

5.5 There are no direct crime and disorder implications to this report.

Risk and Opportunity Management Implications:

5.6 There are no direct crime and disorder implications to this report.

Corporate / Citywide Implications:

5.7 There are no direct Corporate / Citywide implications to this report.

**SUPPORTING DOCUMENTATION**

None

# Ad Hoc Panel Report on NHS Brighton & Hove's Procurement of a City GP-Led Health Centre

## 1 Formation of the Ad Hoc Panel

- 1.1 At the 04 March 2009 Health Overview & Scrutiny Committee (HOSC) meeting, HOSC members debated a Public Question concerning the establishment of a Brighton & Hove GP-Led Health Centre.<sup>1</sup>
- 1.2 The topic of the GP-Led Health Centre had been one which HOSC members had addressed on several prior occasions, and it was evident that there was considerable local interest in the issue. Members therefore decided that the subject was one which merited further investigation, and it was agreed that an ad hoc scrutiny panel should be established. Councillors Trevor Alford, Kevin Allen and Jason Kitcat agreed to sit on the Panel, with Councillor Alford elected Chairman.
- 1.3 Panel members subsequently met to scope this topic, agreeing that the initial issue to be determined was whether the process of tendering the GP-Led Health Centre contract (including any requisite public/stakeholder consultation) had been properly conducted by NHS Brighton & Hove. Depending on the results of this investigation, other issues, such as the suitability of the preferred bidder, and broader questions concerning the commercial tender of NHS contracts, might consequently emerge (i.e. particularly so if significant flaws in the tendering process were identified).
- 1.4 Scrutinising a tendering process can be a complicated business, as some elements of tenders may reasonably be subject to commercial confidentiality. It quickly became apparent that relatively little would be achieved by holding public evidence-gathering meetings at an early stage of the scrutiny investigation, as is the norm with ad hoc scrutiny panels, as a very large part of any such meeting would inevitably have to be held in camera due to the commercially sensitive nature of the

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<sup>1</sup> The Public Question, submitted by Mr Ken Kirk, was: "We already know that the B&H PCT (Primary Care Trust) didn't conduct a proper public consultation over the setting up of a GP Clinic, contravening the Department of Health's PCT Procurement Plan. The PCT has given the contract for it to Care UK who run the SOTC (Sussex Orthopaedic Treatment Centre). It was revealed at the November HOSC that the SOTC selects the cheaper surgical procedures, leaving the BSUHT (Brighton & Sussex University Hospitals Trust) to fund the expensive ones. At the meeting a senior clinician stated the hospital has a £2 - £3 million deficit as a result. On whose behalf does B&H PCT spend our NHS funds? Would the committee investigate the awarding of this contract?"

evidence discussed. Panel members therefore decided that there should be an initial, confidential, meeting with officers of NHS Brighton & Hove to discuss in detail the tendering process. Thereafter, meetings in public could be arranged should members identify a need for further investigation.

- 1.5** Officers of NHS Brighton & Hove agreed to meet with the Panel members and a meeting was arranged for 11 May 2009. At this meeting, the Panel discussed the tender of the GP-Led Health Centre contract with Jane Simmons (Head of Partnerships and Engagement, NHS Brighton & Hove), Jonathan Read (Assistant Director of Finance, NHS Brighton & Hove), Steven Ingram (Strategic Commissioner for Primary Care, NHS Brighton & Hove) and Kate Hirst (Project Manager for the GP-Led Health Centre Procurement, NHS Brighton & Hove). Details of this meeting can be found later in this report.

## **2 Background and Disambiguation: GP-Led Health Centres; Additional GP Services for Under-Doctored Areas; and Polyclinics**

### **2.1 GP-Led Health Centres**

- 2.1(a)** The GP-Led Health Centre initiative was launched by Lord Professor Darzi in his national review of the NHS: “High Quality Care For All” (and previously, in more or less identical form, in his interim report: “Our NHS, Our Future”). In High Quality Care For All, Darzi identifies particular problems with GP services. These include:

- 2.1(b) Access.** Darzi contends that there is a major national issue with access to GPs. Access, in this instance, refers not to physical accessibility so much as to surgery opening times. For once, this is not a problem which necessarily correlates with deprivation. In fact, the most deprived people are likely to be unemployed or retired and therefore to have relatively few access problems, as they can attend GP services during normal opening times.

However, access can be a major problem for people working full time, particularly so for commuters; and for tourists, students and anyone else who spends time in a locale where they are not registered with a GP. There is also a much more general issue of access to GP services over the weekend, with few practices open on Saturdays and hardly any on Sundays. (Out of Hours GP services are available, but some have a poor reputation, and they are not always well publicised or widely used.)

- 2.1(c) Registration.** It seems that growing numbers of people are not registering with GPs. Some of these people may be recent immigrants (and possibly non-native speakers of English) who may not fully understand how to access NHS healthcare; others may belong to

groups which typically experience problems with the system of registration (homeless people, people with substance misuse issues etc). Still others may not come from 'deprived' or 'at risk' communities at all: many students and young working people do not bother registering with a GP, perhaps because they do not anticipate requiring primary care services, perhaps because they are unwilling to take the time to pro-actively search out a local GP practice with spare capacity.

Under-registration is a problem for the NHS for several reasons. Firstly, patients who are not registered with a GP may not present for minor treatments. Given that the most effective (and cost-efficient) treatments for many conditions involve early intervention, this can cause difficulties. Secondly, when unregistered patients do present for treatment, they often do so in acute care settings (e.g. A&E). This is relatively expensive and impacts upon the ability of secondary care providers to deliver services for those who are genuinely acutely ill. Thirdly, GPs are increasingly being tasked with providing and collating patient information; clearly this role cannot be properly undertaken if large numbers of people remain unregistered.

**2.1(d)** In order to deal with these problems of access and under-registration the Darzi review required every PCT in England to commission a 'GP-Led Health Centre' (152 nationally). This is defined as an additional GP resource providing services for both registered and unregistered patients. The service must be available 7 days a week, 12 hours a day, and should be situated so as to maximise its benefits in terms of the access and registration criteria. The GP-Led Health Centre should also provide a range of community healthcare services, to be locally determined according to need.

## **2.2 Additional GP Services for Under-Doctored Areas**

**2.2(a)** High Quality Care For All featured another primary care initiative which may sometimes be confused with the GP-Led Health Centre plans. This initiative sought to address the issue of 'under-doctoring'. Since GPs are independent contractors, they have a great deal of freedom in terms of choosing where they operate. In consequence, GP services are not evenly spread across the country. To further complicate matters, GPs tend, on average, to cluster in more wealthy areas, whereas people in the greatest need of primary care services tend to be concentrated in more deprived parts of the country. Darzi addressed this issue by identifying areas of England which were particularly under-doctored and requiring PCTs to develop additional GP services in these areas. No part of Brighton & Hove was considered to be under-doctored under Darzi's criteria, so this initiative has little direct local application.<sup>2</sup>

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<sup>2</sup> The only area to qualify as 'under-doctored' in the South East Coast Strategic Health Authority region is Medway.

## 2.3 Polyclinics

- 2.3(a)** Some time before he embarked on his national review of the NHS, Lord Darzi was commissioned to undertake a review of London healthcare services – Healthcare for London: A Framework for Action.
- 2.3(b)** Healthcare for London differs significantly from High Quality Care For All in that the former is a detailed examination of London’s acute care configuration, while the latter is much more a ‘high level’ survey of the state of the NHS.<sup>3</sup> Although much of the London review is of little obvious relevance outside the capital, one initiative has been widely flagged as having a broader application – this concerns the creation of a network of ‘Polyclinics’.
- 2.3(c)** ‘Polyclinic’ is a term which has been in use for more than a hundred years to describe a variety of primary care facilities. In terms of Darzi’s London review, though, a Polyclinic can be defined as the bringing together of local GP practices<sup>4</sup>, usually (although not necessarily) in a single building.<sup>5</sup> As well as providing GP services, a Polyclinic will typically offer a range of other services, potentially including diagnostics, out-patient appointments, specialist clinics (i.e. for pain-management, sexual health etc.) and minor surgery.<sup>6</sup>
- 2.3(d)** Polyclinics are intended to facilitate the reconfiguration of London’s acute healthcare, which will involve a small number of large hospitals being developed into specialist centres, and the effective downgrading of many of the current smaller acute hospitals (District General Hospitals: DGHs). Polyclinics will re-provide some services which are currently run from these facilities, thereby allowing reconfiguration to take place without impacting upon the level of service provision.
- 2.3(e)** Polyclinics are also designed to improve access to primary care: the contention is that many London GP practices currently offer rather poor facilities for people with disabilities and can be difficult to reach by public transport. It is also argued that the high number of small practices in the capital and their relative isolation from one another impedes the spread of best practice across the primary care sector.

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<sup>3</sup> High Quality Care For All is itself a fairly high level document, but it is also the impetus for a much more detailed examination of NHS services to be undertaken at a regional (i.e. SHA) level. In the South East Coast SHA region this review is known as “Healthier People, Excellent Care”. (HOSC members have received briefings from the SHA on the content of Healthier People, Excellent Care and will be further involved as the initiative develops.)

<sup>4</sup> GP practices within a polyclinic would be co-sited and might choose to share some costs (of I.T., administrative staff etc.), but would remain as discrete practices sharing a building.

<sup>5</sup> Some polyclinics may be ‘virtual’ – a network/federation of existing GP practices rather than co-siting in a single locality.

<sup>6</sup> Helpfully, under Darzi’s definition, Hove Polyclinic is not a polyclinic as it does not host GP services.



Coalescing small local practices into larger, purpose-built facilities with reasonable transport links is therefore viewed as a solution to these problems of access and the development of best practice.

**2.3(f)** It must be said that the polyclinic initiative has a number of critics, including many London GPs, who rebuff claims that the current configuration offers a poor service. There is also considerable scepticism about the motives behind the initiative, with Darzi's most trenchant opponents viewing the 'centralisation' of GP services as the thin end of a wedge which could end up with the erosion of independent GP practices and their eventual replacement with salaried GPs (working either for the NHS or for large independent sector firms). There are also strenuous objections to the plan to 'localise' London DGH services, particularly from communities who fear the degradation/loss of local acute care.

**2.3(g)** Healthcare for London is a review of the capital's healthcare configuration, and as such, should have only parochial implications. However, the London review has been very widely interpreted as introducing a blueprint for developments across the entire country (an interpretation which has been encouraged by some influential voices within the NHS). There has consequently been a good deal of debate about the desirability of polyclinics, and their suitability for particular parts of the country etc.

**2.3(h)** There has also been a good deal of confusion about what constitutes a polyclinic, sometimes manifested as a conflation of polyclinics, GP-Led Health Centres and additional primary care resources targeted at under-doctored areas.<sup>7</sup>

## **2.4 Disambiguation**

**2.4(a)** It is clear that the Brighton & Hove GP-Led Health Centre cannot reasonably be described as a polyclinic. Firstly, it represents an additional GP resource, not a coalition of existing practices. Secondly, the GP-Led Health Centre will be a standard size GP practice, not the kind of very large practice (or co-sited group of practices) envisaged by Darzi. The GP-Led Health Centre will provide additional services, rather like a polyclinic, but then so do many individual GP practices.

**2.4(b)** Therefore, whatever the merits of the London polyclinic initiative, and whatever intentions there may be to extend the scheme beyond the capital, the Brighton & Hove GP-Led Health Centre is not itself a polyclinic and should not form part of the polyclinic debate.

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<sup>7</sup> For those who take the view that elements of NHS strategic planning are designed to encourage greater provider involvement by the corporate for-profit sector, there may be good reason to conflate polyclinics and GP-Led Health Centres – as both can be viewed as attempts to create structures which are attractive to the corporate healthcare sector (although in the case of polyclinics, any such intention is at a remove from the plans as set out in Healthcare for London).

**2.4(c)** Neither is the GP-Led Health Centre an additional primary care resource targeted at under-doctored areas. Whilst it may plausibly be argued (*pace* Darzi) that some areas of Brighton & Hove are in fact under doctored, it should be clear that the GP-Led Health Centre is not primarily intended to address this issue.<sup>8</sup>

### **3 Concerns About the GP-Led Health Centre Initiative**

**3.1** Some concerns about the GP-Led Health Centre may therefore not be valid. However, other concerns which have been raised locally and nationally may be, and the panel has considered these. These issues include:

**3.1(a) Local Validity of the Initiative.** Although there is no local option to opt out of this national initiative, it may still be worth asking whether the GP-Led Health Centre scheme is a good way to address issues of access and registration in Brighton & Hove or elsewhere. Certainly, Darzi's plans have been criticised for being imposed on all 152 PCT areas across England, and it can be argued that a 'one size fits all' solution will not suit every locality. This may be particularly the case with large, rural PCT areas with no major population hub. In such areas, a single additional GP facility is unlikely to improve services for very many people, as it will only be local to a minority of residents. The suspicion is that a solution designed for essentially urban problems has been imposed on PCT areas which have very different geographies.

This point may well be valid in terms of the GP-Led Health Centre initiative as a whole, but Brighton & Hove is a compact urban area with very high numbers of tourists, temporary residents (e.g. language students) and commuters. It would therefore seem likely that the initiative is as well-suited to the city as it is to anywhere: it is clear that there is a local need for accessible GP services which is not currently being addressed, and clear also, that a single centrally located facility might adequately address many of these needs.

**3.1(b) Location.** The location of the Brighton & Hove GP-Led Health Centre may be less a matter of debate than the location of, say, the West Sussex equivalent, but it is still an important issue. The central Brighton location chosen (on Queen's Road) does seem a logical option, given the remit, as the practice will be readily accessible to everyone using Brighton train station and Brighton city centre. The only obvious alternative would have been a central Hove location, but as Hove has rather fewer tourists and commuters than Brighton, it is easy to see why the Brighton option was chosen.

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<sup>8</sup> Thus there is no argument for locating the Centre in, say, East Brighton (the city's principle under-doctored area), unless such a location fits the GP-Led Health Centre criteria (readily accessible by tourists, unregistered patients, commuters etc).

Whilst the location of the health centre may not be a particularly controversial issue, Panel members were interested to determine what steps, if any, NHS Brighton & Hove had taken to gauge local opinion and involve city residents in this issue.

**3.1(c) Large Vs Small.** Some criticisms of the GP-Led Health Centre initiative seem predicated on the belief that contracts for health centres are likely to be awarded to major national/international providers, rather than smaller local concerns.

GP-Led Health Centre contracts are awarded via a competitive tender process. It can be argued that this process is likely to favour large organisations rather than small ones, as the mechanics of application are rather complicated, requiring a great deal of involved form filling – something which is clearly easier for larger organisations to undertake. This may be particularly so in the context of this type of national initiative since some large firms may choose to submit tenders for several different locations across the country and may therefore be able to re-use the generic elements of their tender, whereas bidders interested in only one location have, relatively speaking, a more onerous task.

Of course, there are sound reasons for demanding a high level of engagement on the part of bidders for contracts, as the information gleaned during the tender process can be used to establish the bidder best able to deliver the required level of performance (and because making tenders demanding discourages non-serious bidders from applying). However, there is a point to be answered here, namely was the tender process so complicated that it effectively excluded smaller bidders who might nonetheless have been able to deliver an effective service?

**3.1(d) The Independent Sector.** Many people opposing the GP-Led Health Centre initiative appear motivated by a concern that this initiative will result in an increased independent sector presence in NHS-funded primary health care.

The basis for this type of concern is not always clear, as primary healthcare is already dominated by the independent sector: almost all GPs are partners in (or employed by) GP practices which are independent profit making concerns, structurally identical to any other 'for-profit' business. It is consequently hard to see how this or any other initiative will actually increase independent sector involvement in primary care.

In any case, the NHS is expressly committed to commissioning a 'plurality of providers,' including the for-profit independent sector.<sup>9</sup>

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<sup>9</sup> See 'Delivering the NHS Plan' (2002).

More pertinent here may be the issue of *corporate* independent sector involvement in the primary health market, the argument presumably being that very large firms may not provide the localised/personalised services that people value from traditional GP practices. Therefore, it is necessary to determine whether the successful bidder for the Brighton & Hove GP-Led Health Centre was able to offer assurances that, whatever their status as a company, they were able to offer a localised/personalised service.

**3.1(e) Cost Vs Quality.** Cost is obviously an important and quite legitimate factor in determining the result of any competitive tender. However, there are valid worries that contracts may be awarded to the lowest bidder, even in situations where a more expensive bidder might offer a qualitatively better and more sustainable service which, objectively speaking, would be the better option.

In terms of funding for the GP-Led Health Centre initiative, this comes out of PCT annual allocations rather than being an additional 'ring-fenced' sum.<sup>10</sup> There is therefore a potential PCT interest in encouraging low bids for this type of service. It must however be stressed, that this is a hypothetical risk: the Panel has no evidence whatsoever that NHS Brighton & Hove has ever inappropriately awarded a contract to the lowest bidder and is not suggested that this has ever happened. Nonetheless, any body investigating the award of a contract via competitive tender has a legitimate interest in ascertaining whether cost was appropriately weighted against quality, deliverability etc.

**3.2** Therefore, when it set out to scrutinise the tender for the Brighton & Hove GP-Led Health Centre, the Panel had some questions in mind. These included:

- The degree of consultation regarding the location of the health centre
- Whether the tender process prioritised large firms, when a smaller provider may have been capable of delivering just as good a service
- Whether the tender process took sufficient account of the localised and personalised nature of effective GP services
- Whether the process of awarding the contract appropriately weighted cost against quality, deliverability etc.

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<sup>10</sup> In theory, annual PCT allocations include funding for national in-year initiatives such as GP-Led Health Centres, so there is in fact additional resourcing to pay for the extra GP facilities required. PCTs are not necessarily informed in advance about these initiatives, but are expected to make contingency plans to accommodate them when they draw up their annual Business Plans

## **4 The Brighton & Hove Tender Process**

**4.1** On 11 May 2009 Panel members met with officers of NHS Brighton & Hove to discuss aspects of the tendering process for the GP-Led Health Centre. This meeting was confidential, as some of the information disclosed might be considered commercially sensitive. In order for the subsequent report to be publicly accessible it has been necessary to omit some of the details discussed at this meeting.

**4.2** At this meeting, the tender process was explained to Panel members. There are several stages to a competitive public sector tender:

**(i)** In the first instance, the organisation tendering will advertise its intention to contract for a service.

**(ii)** Potential bidders will respond to this advert, stating that they are interested in applying.

**(iii)** The tendering organisation will then send out a Pre-Qualification Questionnaire (PQQ). PQQs are intended to sort applicants with a realistic chance of managing the contract from those who lack the requisite experience or financial stability or who are not genuinely committed to progressing.

**(iv)** Potential bidders who respond to the PQQ will then have the information they have submitted in the PQQ assessed/scored and bidders who exceed the PQQ threshold will be invited to submit bids based on a detailed explanation of the requirements of the contract. This is called an Invitation To Tender (ITT).

**(v)** These bids will then be scored, and the successful bidder awarded the contract (assuming their bid is of an acceptable quality; if no bid met a threshold of adequacy then the tender process might have to be repeated).

**4.3** In terms of NHS procurement, the Department of Health provides PCTs with general guidance for conducting tenders. This guidance may then be augmented (as it was in the case of the GP-Led Health Centre initiative) with specific instructions relating to a particular procurement. This guidance determines the basic structure of a procurement process, but there is typically considerable scope to fine-tune the details of the tender in order to take account of local conditions. All public sector procurement must accord with European law.

**4.4** NHS Brighton & Hove procurements are externally overseen by the South East Coast Strategic Health Authority (SHA). The SHA ensures that the tender accords with Department of Health guidance and with European law. Procurements are also internally overseen, both by the

NHS Brighton & Hove Board and by the PCT's Professional Executive Committee (PEC). Procurements must also accord with the NHS Brighton & Hove Internal Standing Orders (which define how the organisation must set about particular tasks). This is overseen by the PCT's Procurement Committee, a sub-committee of the PCT board.

- 4.5** There were twelve expressions of interest from potential bidders at the first stage of the Brighton & Hove GP-Led Health Centre tender. Six were eliminated after PQQ responses were scored. The remaining applicants were invited to tender for the contract; four bids were received, and three evaluated (one bidder withdrew before evaluation).<sup>11</sup> The preferred bidder was then chosen from this shortlist of three.
- 4.6** Panel members were assured that this was a fairly standard rate of attrition for this type of procurement. When a public procurement begins, the contracting organisation will typically release only sketchy details of the nature of the final contract (quite possibly because aspects of the contract are still being finalised). As the procurement progresses, more details will be released, and some potential bidders are likely to withdraw as it becomes clear that the contract is not of interest to them.

In terms of a national initiative such as that for GP-Led Health Centres, it may also be the case that some bidders submit multiple applications, only following through on the areas which interest them most (e.g. areas where there is relatively little competition etc).

- 4.7** A wide variety of organisations expressed interest in contracting for the Brighton & Hove GP-Led Health Centre, including independent sector 'for-profit' corporations, independent sector 'not for profit' organisations active in the city, regional GP practices and third sector organisations.
- 4.8** Expressions of Interest were not received from local NHS trusts or from city GPs or GP consortia. In the former instance, this may have been because trusts doubted whether their bids would be accepted, due to worries about the 'vertical integration' of primary and acute services.<sup>12</sup> In the latter instance, NHS Brighton & Hove officers speculated that city GP practices may be insufficiently experienced at working in concord with one another to have submitted a consortium

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<sup>11</sup> In this instance it seems that the bidders re-assessed their application, and deciding that it would be rejected at evaluation, chose to withdraw it at this point.

<sup>12</sup> 'Vertical integration', in this context, refers to the same organisation offering primary (GP) and secondary (acute hospital) services to a population. The danger here would be that a vertically integrated provider might be seen to have a perverse incentive to refer patients from primary to secondary care (or at least to its own secondary care facilities rather than others in the local area), as it would be in its financial interest to do so in terms of the way in which NHS services are paid for.

bid.<sup>13</sup> This may change in the relatively near future, as recent developments in Practice Based Commissioning Groups<sup>14</sup> and in the creation of the Brighton Integrated Care Service (BICS)<sup>15</sup> should serve to create a platform from which city GP practices can join together to bid for contracts.

**4.9** Although Panel members were disappointed that there had been no bid from local GPs, they were assured that NHS Brighton & Hove had done all it properly could to encourage the local primary care sector to take an interest in the GP-Led Health Centre contract.<sup>16</sup>

**4.10** Panel members were concerned that the complexity of the tender process may have deterred smaller local providers from bidding. Officers of NHS Brighton & Hove explained that they had done all they could to make the process accessible, including offering workshops for potential bidders. However, there may be a balance to be struck here. On the one hand it is probably true that extremely complex and onerous tender applications do discourage smaller bidders; on the other hand, complex tenders are not necessarily gratuitously so: detailed tender applications require bidders to show that they have thought hard about the contract, and are likely to flag potential problems or misunderstandings at an early stage, rather than risking them coming to light once the contract has been signed.

**4.11** In the case of the GP-Led Health Centre tender, NHS Brighton & Hove sought to create a contract with a large number of binding performance targets. This contract has been directly developed from information gleaned during the tendering process (in essence the contract is a reiteration of the PQQ and ITT details). There is a clear utility to such a procedure, since it enables the PCT to guarantee performance against the contract rather than trusting the winning bidder to deliver its promises. This degree of control is well beyond that which PCTs are able to exercise on the majority of their GP contracts (General Medical

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<sup>13</sup> The GP-Led Health Centre contract is not a particularly large one, and would not necessarily be beyond the scope of a single GP practice. However, it was widely anticipated that GP practice interest would generally take the form of consortium bids.

<sup>14</sup> Practice Based Commissioning (PBC) is an NHS initiative which encourages GPs to commission some services for their patients directly (rather than having these services commissioned on their behalf by the local PCT). In practice, most GP practices are too small to commission for themselves, and PBC is therefore undertaken via PBC groups/clusters (e.g. groups of local GP practices commissioning jointly).

<sup>15</sup> BICS has been set up in response to another NHS initiative: 'Choose and Book'. Choose and Book allows patients (via their GPs) to decide which secondary care facility they wish to be treated at, when they want to be treated, and the consultants they want to treat them. However, individual GPs are not always in the best position to advise patients on the options they should pursue, as they may not personally be experts on a particular pathway (although some local GPs almost certainly are). BICS is intended to remedy this problem by bringing together city GPs' expertise via a referral service which can ensure that patients are directed to the best available acute providers for their circumstances.

<sup>16</sup> Organisations awarding contracts via competitive tender must ensure that they do not favour one bidder over another. For instance, they must ensure that information or guidance offered to one bidder must also be offered to all other applicants.

Services Contracts) which do not generally permit the imposition of local performance indicators. Therefore, the complexity of tender information is, in this instance, directly related to assuring that the successful bidder is both capable of delivering a good service and contractually bound to doing so.

- 4.12** However, even though the complexity of tenders may be entirely functional, it is still the case that they will generally tend to favour larger providers. This seems to a large degree unavoidable, although NHS Brighton & Hove officers did suggest that, whilst this is the case for individual tenders, it may become less so over a period of time, as bidders for local contracts become more experienced at going through the tender process, which is essentially very similar for a range of procurements. Thus, providers who bid for several contracts and who take the opportunity to receive detailed PCT feedback on their failed bids, are typically able to make significant improvements to their applications for subsequent contracts. Officers of NHS Brighton & Hove told Panel members that some local healthcare providers who had initially had little success in competitive tenders were now regularly competing effectively and winning contracts. Thus, although the competitive tender process may favour the corporate sector in any single instance, there is nothing to stop smaller firms from developing into effective bidders over time, providing they are willing to commit resources to doing so.

## **5 Scoring the Tender**

- 5.1** At the ITT stage, applicants were judged against a series of criteria, which can be summed up thematically as:

- **performance** (the quality of services to be provided)
- **cost** (the sum charged to provide these services)
- **risk** (the risk of the bidder being unable to deliver the contract)
- **timing** (how quickly the provider can get its service operational).

An overall **Value For Money** (vfm) score was also calculated for each bidder (essentially this was reached by dividing each bidder's performance score by their costings).

- 5.2** All bidders were required to exceed a threshold for performance before being evaluated against other criteria.
- 5.3** There was no specific test of local experience at either the PQQ or ITT (the formal invitation to tender) stages of the procurement. Attaching such conditions would have been difficult, as it might have effectively limited bidders to those organisations currently active in the Local Health Economy. Such a limitation might have been legally problematic, and would certainly have run counter to NHS Brighton & Hove's stated aim to encourage a 'plurality' of local providers (i.e. a



greater plurality than is currently the case). However, although bidders were not asked to show local experience, they were required to demonstrate a proven ability to work with local providers and to align their practices with the needs of the locality. This seems to have been the most that could have been demanded in the circumstances.

- 5.4** The tender process is essentially one in which bidders self-evaluate their ability to perform against the demands of the contract. There is therefore a quite reasonable worry that unethical bidders might exaggerate their competencies in order to win contracts. However, in terms of the GP-Led Health Centre tender, many of the performance guarantees which bidders must make will subsequently be embedded in the contract, meaning that applicants will be required to deliver on their promises. Bidders who fail to deliver in accordance with their contractual obligations can be replaced at any point before the Centre becomes operative, and may be liable for damages. An underperforming service will also incur financial penalties and may be terminated. In this instance, therefore, it does seem as if a good deal has been done to incentivise applicants to supply accurate information.

## **6 Invitation To Tender (ITT) and Final Stage Evaluation**

- 6.1** Six potential bidders who submitted PQQs were issued an 'Invitation To Tender' (i.e. they were invited to submit formal bids). Of these, four organisations placed bids, and three formed the final shortlist for evaluation.
- 6.2** The successful bidder, **Care UK**, is a large for-profit organisation operating a number of healthcare facilities nationally, including the Sussex Orthopaedic Treatment Centre (SOTC). The two other short-listed bids came from a not-for-profit independent sector provider in alliance with a local GP practice, and from a non-local GP practice. Since the identity of and details concerning unsuccessful bidders might be deemed commercially confidential, these organisations will be referred to as **bidder B** and **bidder C** (with Care UK **bidder A**).
- 6.3** After evaluation of the formal bids, it was established that all three short-listed bidders had comparable performance scores.<sup>17</sup>
- 6.4** However, bidder A offered to contract for the GP-Led Health Centre for considerably less than bidders B and C. This difference in cost amounted to approximately £2,000,000 over the course of the 5 year contract (i.e. bidder A was £2 million cheaper than the next cheapest bidder). Bidders B and C submitted very similar costings.

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<sup>17</sup> The GP-Led Health Centre contract will measure performance via a series of performance indicators/targets. Up to 25% of the funding for the contract may be withheld for under-performance.

- 6.5** Given the large discrepancy between bidder A and the other bidders' costings, and given that bidders B and C submitted very similar tenders in terms of price, Panel members were concerned that bidder A's costing might prove to be an underestimate. PCT officers told members that they were confident that bidder A's figures were robust as Care UK has some experience of running similar centres, and should consequently be in a good position to estimate costs. In any case, there is relatively little risk for the Local Health Economy here, as Care UK is bound to deliver its contract at the price agreed; it will not be the case that extra money will be provided to top up an unrealistically low bid.<sup>18</sup>
- 6.6** Prior to beginning this tender process, officers of NHS Brighton & Hove met informally with regional PCT colleagues and with officers from the Department of Health to try and estimate a reasonable price (or range of price parameters) for the GP-Led Health Centre contract. All three of the short-listed Brighton & Hove tenders came within these anticipated parameters (with bid A at the low end and bids B and C at the high end of the parameters). There is therefore no reason to suppose that the winning bid is undeliverable, as it falls within the range of anticipated pricings. (Had the bid been outside the expected parameters it might well have caused concern.)
- 6.7** Panel members asked how bidder A's tender came to be lower than those of the other bidders. There appear to be three elements to this:
- (i) Staffing.** Bid A specifies that the GP-Led Health Centre GPs should be permanent, salaried GPs, whilst bids B and C rely upon employing local GPs to work part-time as locums. It is generally considerably cheaper to employ permanent staff rather than locums (as locum rates of pay are higher).<sup>19</sup>
  - (ii) GP/Nurse Ratio.** Bid A specifies a rather lower GP to Practice Nurse ratio than bids B and C (i.e. more nurses and fewer doctors) across the term of the contract. This has a significant impact upon costs, as Practice Nurses are considerably cheaper to employ than GPs.<sup>20</sup>

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<sup>18</sup> The only real opportunity for Care UK to be paid more than the contracted amount for running the GP-Led Health Centre would be if there was significant over-performance against the contract (i.e. more patients were seen than had been contracted for). This is not anticipated, and, if it did occur would probably indicate a previously unmet level of need in the local health economy.

<sup>19</sup> 'Continuity of Care' (i.e. enabling patients to see the same doctor whenever they access GP services) is often viewed as a key aspect of GP services, particularly for patients with long term conditions. However, this did not form part of the GP-Led Health Centre tender requirements (and would have been very difficult to impose, as GPs are statutorily entitled to choose to work part time, take maternity leave or otherwise work in ways which impact upon their ability to deliver Continuity of Care, whatever agreement their employers might have with the local PCT). To the degree that continuity is a concern though, the bidder A model of permanent salaried staff would seem better placed to provide it than the bidder B and bidder C models of employing locums from local GP practices.

<sup>20</sup> NHS Brighton & Hove claims that it has carefully checked this skill-mix and is confident that it can deliver high quality services.

- (iii) **‘Back Office’ Costs.** As Care UK is a large enterprise it may be able to use its existing resources to supply certain ‘back office’ services (general admin, Human Resources, ICT support etc.) more cheaply than can other bidders.
- 6.8** In terms of the other areas of the tender evaluation (risk, deliverability etc.), all the short-listed bidders were able to satisfy these criteria. Generally speaking, these were pass/fail issues (e.g. an organisation is either deemed to be financially stable or it isn’t) rather than areas where there would be very much value in rating bidders against each other.
- 6.9** Panel members enquired how reputational issues were assessed in the evaluation process. This is a pertinent question, since Care UK has a somewhat chequered reputation as a healthcare provider, both locally (at the Sussex Orthopaedic Treatment Centre) and nationally. Members were told that both the PQQ and ITT processes included mechanisms to examine the past performance of bidders. The evaluation of Care UK’s bid (and of bids B and C) concluded that there was no reason to reject these bids because of problems which may have occurred elsewhere.

## **7 Recommendations**

- 7.1** GP services are a key component of the British healthcare system, acting as the ‘gatekeeper’ to all other services. It is therefore vital that everyone has ready access to a GP. At the moment it is evident that this is not always the case. People who work long hours, who commute, or who are temporarily living and/or working away from home may struggle to access a GP, as may many people who live unsettled or chaotic lifestyles.

People who are not registered with a GP or who are unable to attend their GP practice during its opening hours may find that they are effectively denied early diagnosis and treatment of a range of conditions. When such people do access healthcare, it is often at ‘inappropriate’ points in the system, such as hospital A&E departments.

It is therefore clear that there is room for an initiative which provides GP services for unregistered patients and for those not well served by their own GPs.

The GP-Led Health Centre initiative may well not be the best solution for many localities, and its blanket introduction across England is scarcely a shining example of devolved decision making. However, in the context of Brighton & Hove - a compact urban area with very large numbers of commuters, temporary residents and visitors - the establishment of a city-centre primary care facility offering walk-in

services to registered and non-registered patients has an obvious utility.

- 7.2** It is also evident that, given the significant cost differences between the short-listed bidders for the Health Centre contract, and the fact that all bidders were of broadly comparable quality and met the other tender criteria, NHS Brighton & Hove had little choice other than to award the GP-Led Health Centre contract to Care UK, as this was clearly the most competitive of the short-listed bids.
- 7.3** Therefore, in terms of the substantive issue this Panel was formed to investigate, it is quite clear that NHS Brighton & Hove acted properly in procuring a GP-Led Health Centre and in contracting Care UK to run the Brighton & Hove facility. The Panel found no reason to suppose that NHS Brighton & Hove did anything other than to adopt best practice in conducting all elements of the procurement.
- 7.4** The above notwithstanding, there are still aspects of the GP-Led Health Centre initiative and the procurement of a local contractor which remain of concern to Panel members. These include the points listed below.
- 7.5** **Reputational Issues.** It can certainly be argued that Care UK has a poor reputation as a healthcare provider. This is true nationally, where fairly intense recent media coverage has focused on two Care UK services which have been alleged to be sub-standard. It is also true locally, where there have been long standing problems with the management of the Sussex Orthopaedic Treatment Centre (SOTC), culminating in a highly critical Healthcare Commission report on the centre.<sup>21</sup>

However, even assuming that all the media allegations against Care UK are well founded (which may well not be the case), this is a complex issue. It is quite possible for an organisation (perhaps particularly if it is a large corporate entity operating very widely) to run some services or types of service very poorly and others very well. Therefore, the fact that a large provider has encountered significant problems with one or more of its operations does not necessarily mean that it is unfit to run other services (although clearly this is not an irrelevance: one would generally rather be dealing with an organisation which delivered consistently high quality than one whose quality was patchy).

In the case of the GP-Led Health Centre, Panel members were assured that Care UK's reputational issues had been taken into

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<sup>21</sup> The SOTC was originally managed by Mercury Health, with Care UK taking over a contract which had already run into trouble. All the problems at the SOTC may therefore not be the fault of Care UK. However, Care UK has now been managing the facility for some time and, at least at the point of the Healthcare Commission investigations, had not instituted necessary and widely flagged reforms to service.

account as part of the tender process, and had not been deemed serious enough to disqualify the bidder.

It is also the case that the GP-Led Health Centre contract has been designed so that it contains many enforceable performance indicators (PIs). This should ensure that the services provided are those contracted.

The Panel welcomes these assurances from NHS Brighton & Hove and trusts that the Health Centre will be a success. Nonetheless, members still have reservations about Care UK's ability to deliver the quality of care required. Given these doubts, the Panel urges NHS Brighton & Hove to monitor the establishment of the GP-Led Health Centre very closely to ensure that Care UK does in fact deliver the high level of service it is contracted to provide.

**7.5(a) The Panel recommends that NHS Brighton & Hove pays particular attention to monitoring the GP-Led Health Centre contract, given Care UK's uneven record as a provider of high quality healthcare.**

**7.6 Awarding NHS Contracts Via Competitive Tender.** Clearly it is national NHS policy to award contracts via competitive tender and not something that can be influenced at a local level. Nonetheless, Panel members feel there is value in noting that they have reservations about the general process of competitive tendering for NHS contracts.

The problem here is that the competitive tendering process inevitably favours larger organisations which can afford the time and effort required to produce the high quality documentation required for a successful tender bid. These organisations will not necessarily be from the corporate 'for-profit' sector (NHS trusts are often quite large enough to compete with the corporate sector in this respect), but they are unlikely to be small businesses and may well not be firms with local connections or histories.

One way in which this might be mitigated would be for local PCTs to work effectively to encourage a wide range of local providers to gain expertise in bidding for NHS contracts, and to facilitate the development of consortia of providers in order to bid for contracts beyond the scope of sole businesses. As already noted, even relatively small organisations can be effective bidders for tenders providing they develop some expertise in the tendering process – an expertise which is best gained by bidding, receiving detailed feedback and then bidding again for subsequent contracts.

Developing providers in the local health economy in this type of way would be directly beneficial to the city as it would help to make local businesses more competitive against national and international competition. Given that competitive tendering for NHS contracts seems

unlikely to go away, this may be the best way to mitigate its negative effects on the local health economy.

Officers of NHS Brighton & Hove noted that one of the main learning points they have taken from the GP-Led Health Centre tender has been the need for them to develop the local provider market, particularly in terms of encouraging greater involvement from the city NHS trusts in this type of bid.

Of course, NHS Brighton & Hove has already done a good deal of work in this area, and some earlier initiatives (such as working closely with local GP practices to develop BICS) may already be bearing fruit in terms of the increased competitiveness of local healthcare providers. The Panel trusts that NHS Brighton & Hove will be able to build upon this work, and that it will keep the HOSC updated on this important issue.

**7.6(a) The Panel recommends that HOSC should request a report from NHS Brighton & Hove on its strategy to improve the commercial competitiveness of local health care providers.**

**7.7 Monitoring the GP-Led Health Centre.** GP practices are routinely audited for the quality of their services, both by the Quality Care Commission<sup>22</sup> and by local PCTs. In time it would seem reasonable to assume that the GP-Led Health Centre will be monitored in the same way. However, given the importance of this initiative, its estimable aim of improving access to primary care, and the controversial performance history of Care UK, it is evident that special measures must be put in place for monitoring the early progress of this contract.

The Panel is particularly interested in ascertaining the following information:

- Whether the Health Centre is running smoothly from a contractual perspective (i.e. whether all aspects of the management contract have been adhered to)?
- Whether there has been significant under or over-performance (i.e. more or fewer patients than anticipated)?
- What percentage of service users are registered/unregistered patients (and whether they are city residents, visitors etc.)?
- Whether the Health Centre's activity is in line with a 'typical' city GP surgery (e.g. is the Centre seeing an atypical number of people with particular conditions; are Health Centre GPs prescribing in any interesting ways etc.)?

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<sup>22</sup> Until recently this role was undertaken by the Healthcare Commission.

- Whether the GP-Led Health Centre has had an impact upon other city centre GP practices - i.e. have local practice list sizes reduced following the opening of the Health Centre? (Such an impact might not be detrimental to the Local Health Economy, given relatively high GP list sizes across the city.)
- Whether the additional services (sexual health services) provided at the GP-Led Health Centre have proved popular?
- What impact the Centre has had on (inappropriate) A&E attendances.
- Information on patient satisfaction with the GP-Led Health Centre.

**7.7(a) The Panel recommends that HOSC requests a comprehensive update on the above issues, to be received after the GP-Led Health Centre has been in operation for twelve months or so.**

**7.8 Public Involvement.** One of the issues the Panel was interested in was the degree to which local people had been involved in determining elements of the local GP-Led Health Centre programme. As detailed above, it is clear that, given the requirements of the GP-Led Health Centre initiative, there was relatively little opportunity to involve members of the public in this project.

However, NHS Brighton & Hove did make an effort to involve members of the public in the procurement process, particularly in terms of scoring the various applicants at PQQ stage. The PCT is eager to repeat this with other procurements, and may seek to train a pool of patients for this purpose. The Panel would welcome development of the PCT's policies in this regard as an excellent way of ensuring that NHS procurements are viewed as fair is to ensure that the public are involved in them.

A related issue concerns the degree to which NHS procurements are open to scrutiny by local people and by stakeholders. Panel members appreciate the co-operation of NHS Brighton & Hove in researching and compiling this report and are pleased that the PCT felt able to disclose details of the GP-Led Health Centre procurement to the Panel. However, this disclosure was in confidential session, and it has not been possible to include certain details this discussion in this report.

To a degree this is wholly reasonable: there is a legitimate argument in favour of commercial confidentiality where the disclosure of information might embarrass an organisation who had placed an unsuccessful bid, or might have a detrimental impact upon the success or costings of future bids. However, there is room for interpretation here: not all information obtained via commercial tender is necessarily commercially sensitive, and a refusal to disclose any information is likely to fuel public suspicions of wrongdoing whether these are grounded or not.

It is therefore important that PCTs are as open as possible in terms of commercial procurements. The method chosen in this instance – confidential disclosure to HOSC members – is a useful one, but serious consideration should also be given to the full public disclosure of any information that is not truly commercially confidential.

**7.8(a) The Panel commends NHS Brighton & Hove for its constructive approach to sharing information in relation to the GP-Led Health Centre. It is to be hoped that the PCT will be similarly open in terms of other procurements, and will endeavour to place as much information about tenders as possible in the public domain.**

**7.9 Consultation.** There is also a broader issue of public consultation to be considered here, as one of the principle aims of the Panel was to determine whether there had been adequate consultation over the Health Centre initiative.

NHS Brighton & Hove did consult over the development of a city GP-Led Health Centre. It did so by contacting 1500 members of the local Citizens' Panel, asking them where they would prefer a Health Centre to be sited and the additional services they would like to see it provide. The results of this consultation exercise were subsequently presented to the HOSC.

There is obvious merit in this course of action, as the Citizen's Panel is designed to provide a representative cross-section of the local public. It is unlikely that alternative means of consultation would have been successful in engaging a genuine cross-section of local opinion, as public consultations, when they attract anyone at all, tend to attract campaigners and others with strong opinions about a particular initiative. These people may have extremely cogent points to make, but they are unlikely to be 'typical' members of the public or represent an average viewpoint.

There is also an issue of cost to be considered here, as arranging a major consultation exercise with leafleting, public meetings etc. can be very expensive indeed. In this instance, it does not seem that such expense could have been justified.

However, without some form of public engagement where people with strong opinions are given the chance to present their views, the NHS does risk the accusation that it is seeking to avoid or forestall legitimate debate. Relatively simple and economic ways of eliciting public opinion do exist – for example setting up an on-line consultation on the NHS Brighton & Hove website, or running an article inviting comments in the City News magazine. Such actions might not be appropriate for a very major public consultation exercise, but for an initiative such as this they might provide a useful way for members of the public to have their views taken into account.



**7.9(a) When it launches future initiatives, NHS Brighton & Hove should give serious consideration to ensuring that there is a method via which members of the public can present their views, even in situations where full public consultation would not be appropriate.**

