



area, such as NHS Foundation Trusts, agencies in the voluntary or non-statutory sector, or the private sector (e.g. bus companies, utility companies, or major land-owners or developers).

Feedback mechanisms will be important. Feedback should go to the councillor who raised the matter, to other ward councillors, and to relevant members of the Executive. Also to outside bodies where they have an involvement.

There is need to give care to the issue of the timescale for responses (similar issues arise with planning applications). There are occasions when policies have not been formed and a simplistic response under pressure of time may not add.

Exclusions

The following should be excluded:

1. Matters subject to the regulatory process, e.g. development control, licensing, environmental health, decisions about children or adults under child protection or mental health legislation, or children under education processes (e.g. admissions, exclusions).
2. Complaints against individuals or departments which can be dealt with under the Council's complaints procedures, or by the auditors. (A petition should not become another form of appeal when a complaint has been rejected).
3. Complaints against elected members which can be dealt with by the Standards Committee.
4. Equalities issues – which usually amount to complaints of discrimination, or can be dealt with under equal opportunities legislation.
5. Personal attacks or attempts to allocate blame – a scrutiny committee is not set up to be a disciplinary hearing.
6. Serial complaints – there should be a time

period before which an issue that has been dealt with can be the subject of another call for action.

7. Vexatious issues – where a definition would be helpful.

D. Local Improvement Networks (LINKs)

Progress to Mid-February

Progress is very varied. Some councils have already appointed their “host” (e.g. Cumbria has appointed their Council for Voluntary Service), and councils with histories of joint working with their Primary Care Trusts, such as Sandwell, have officer working groups; others “had not got to grips yet”, or had held a debate “with a very confused outcome”. There was a danger of rushed decisions, and many would need the extra time now available. Patient and Public Involvement Forums had worked well in some places – and in those situations the new arrangements could be a step back.

Governance

Arrangements need to be made early and proactively. A “suck-it-and-see” approach could lead to very unbalanced involvement, even perhaps the capture of some LINKs by campaigners with an interest in just one aspect of the health agenda, to the relative neglect of much else. The time commitments for board members and active volunteers would be considerable, and it would not be easy to recruit to something so all-embracing.

Protocols

These are needed urgently – to limit the risk that lack of shared experiences lead to damaged relationships between partners. They need to cover such matters as the conduct of visits, the handling of reports resulting from visits, and to re-enforce the importance of good manners, care in leaping to conclusions, and the need to keep those visited, in adult social services as well as