Wiltshire Council

Health Select Committee

13 July 2018

Subject: Non-elected representation on Health Select Committee

Purpose

- The award of the Service User Engagement and Healthwatch Wiltshire contracts to, respectively, Wiltshire Centre for Independent Living and Help and Care created an opportunity to review the current non-elected representation on the Health Select Committee to ensure that all relevant organisations are represented.
- 2. Both contracts were awarded for three years to run from 1 June 2018 with an option to extend for a further two years.
- 3. This report provides information on the options available to the Health Select Committee with regards to the appointment of non-elected stakeholders (Appendix A).

Legislation

- 4. The Health and Social Care Act 2012 included a number of changes to the local authority health scrutiny function and powers. Local authorities have greater discretion over how to exercise these powers, with the function of health scrutiny conferred directly on the local authority; and health scrutiny powers being extended to facilitate effective scrutiny of any provider of any NHS funded service, as well as any NHS commissioner.
- 5. The new legislation in the 2012 Act lays increased emphasis on the role of patients and the public in shaping services. This was recognised in the inclusion of Healthwatch membership of health and wellbeing boards. The Regulations make provision about the referral of matters by local Healthwatch to local authority health scrutiny.
- 6. Overview and Scrutiny (OS) committees may include co-opted members, including from Voluntary Community Sector (VCS) organisations. These may not be given voting rights except where permitted by the relevant local authority. (Local Government Act 2000).

Background

7. The <u>Local Authority Health Scrutiny</u> guidance issued by the Department of Health (June 2014) states that:

"In the light of the Francis Report, local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. Although health scrutiny functions are not there to deal with individual complaints, they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends."

"Furthermore in the light of the Francis Report, health scrutiny will need to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch."

- 8. However the Local Authority Health Scrutiny guidance (DfH, June 2014) offers no further guidance on membership specific to health scrutiny committees.
- 9. The CfPS "Local Healthwatch, health and wellbeing boards and health scrutiny Roles, relationships and adding value" report describes the value of health scrutiny committees as:
 - Be a bridge between professionals and people who use services.
 - Bring a collective memory of public engagement, policy development and local knowledge about community needs and assets.
 - Be a valuable 'critical friend' throughout transition and beyond.
 - Evaluate policies arising from processes and decisions and outcomes from services.
 - Consider whether service changes are in the best interests of the local health service.
 - Carry out pro-active qualitative reviews that can inform and enhance policy and services.
- 10. It also challenges councils' health scrutiny to answer a number of questions regarding "roles, relationships and adding value", including:
 - What can we do to be an effective 'bridge' between politicians, professionals and communities throughout the commissioning cycle?
 - Are we thinking strategically and pro-actively about how we can best use our resources to tackle inequalities and keep in touch with the experience of people who use services?

Current non-elected representation on Health Select Committee (HSC)

- 11. Since 2014, the following organisations have had non-elected representation on the HSC, as Stakeholders (full speaking rights, non-voting):
 - Healthwatch Wiltshire
 - Wiltshire & Swindon Users Network (WSUN)
 - South Wiltshire Advocacy Network (SWAN Advocacy)

12. HSC previously considered non-elected representation at its 27 September 2016 meeting and resolved that "in the light of the Overview & Scrutiny Management Committee's impending review of engagement, it would be premature to consider the issue of non-elected representatives on the Health Select Committee. Therefore, [the chairman] was not proposing any changes to the arrangements".

Other local authorities

- 13. VCS organisations representation on health scrutiny committees varies quite widely.
- 14. A table with a breakdown of other authorities is appended, but in summary the options are as follows:
 - co-opted (non-voting);
 - full speaking rights (but not co-opted);
 - able to speak on relevant items, on request, or after elected members have spoken;
 - Only Healthwatch representative invited to speak on relevant items or on request;
- 15. For information, Wiltshire's Children's Select Committee has two statutory coopted members (with voting rights) as well as non-statutory non-voting coopted members, as follows:
 - Secondary Schools Head Teacher Representative
 - Primary Schools Head Teacher Representative
 - School Teacher Representative
 - Further Education Representative
 - Children & Young People's Representative (and substitute)
 - Primary Parent Governor Representative (vacancy)
 - Secondary Parent Governor Representative (vacancy)
 - Special School Parent Governor Representative (vacancy)

Main Considerations

- 16.In light of the desk-top review of other authorities with regards to the appointment of VCS to health scrutiny committees (Appendix 1), it would appear that Wiltshire's Health Select Committee has adopted a precursor inclusive approach.
- 17. It should be noted that non-elected representatives have provided significant contributions to Overview and Scrutiny at all levels (Committee meetings and task groups or rapid scrutiny).
- 18. However, the awarding of the Service User Engagement contract to the Wiltshire Centre for Independent Living and the Healthwatch Wiltshire contract to Help and Care does require the committee to consider the appointment of Stakeholders.

19. The roles of the organisations could be summarised as follows:

[<u>a</u>	
WSUN	User led organisation, formed by people
	who use health and social services, to
	promote user involvement and support
OVA/ANI A I	people to have a voice.
SWAN Advocacy	Supporting the most disadvantaged and
	marginalised people in our communities,
	helping them to have their voices heard
	and their choices respected by those that
One in the Francisco ()	are making decisions about their future.
Service User Engagement - from 1	Service User Engagement contract
June 2018 provided by Wiltshire Centre	NA/andrian writte and the angle and the
for Independent Living (WCIL)	Working with adult care and health
MCII is an averaged by	service users, stakeholders, council
WCIL is an organisation managed by	officers and the CCG to co-produce a
disabled people and committed to	range of adult care and health services.
supporting all disabled people to achieve choice, control and equal rights.	That includes supporting many convice
choice, control and equal rights.	That includes supporting many service user groups, such as the Learning
	Disability Forum, Autism Forum and
	Learning Disability and Autism
	Partnership Board.
	Faithership Board.
	Also running customer representative
	groups for all users of adult care and
	health services.
Healthwatch Wiltshire - from 1st June	Healthwatch Wiltshire contract
2018 hosted by Help & Care	Traditivatori vintorino contract
2010 Hooked by 110.p & Care	Healthwatch Wiltshire is the independent
Help & Care has been working across	consumer champion for health and social
South-Central England for over 30 years,	care in the county, that:
promoting dignity and independence for	•Represents the voice of patients,
all people, particularly people living with	customers, carers and the public to
a long-term health condition, carers and	commissioners, service providers and
those who are isolated and/or	local politicians.
housebound.	•Acts as focal point for the community to
	have a voice in the commissioning and
	provision of health and social care.
	•Provides opportunities for local people
	to influence decisions being made about
	their services across the NHS and social
	care.

20. The committee may also wish to take this opportunity to consider if there are any other VCS organisations that it would wish to engage with on a more formal basis, such as Stakeholders, to reflect the range of health services and support the VCS provides to local communities and individuals.

Examples would be Age UK, Carer Support Wiltshire, Community Champion for Older People / Older People Representative (Area Boards), Wiltshire People First (WPF), etc.

- 21. The committee should take into account the roles of the organisations, their membership and focus of work, to ensure that the organisations appointed as Stakeholders on the committee are representative of a significant number of service users and / or Wiltshire residents.
- 22. The Chairman and Vice-Chairman of the HSC and the Cabinet Member for Adult Social Care, Public Health and Public Protection have been consulted on this report.

Proposal

23. That Health Select Committee:

- a. Decides the appointment of non-elected non-voting representatives on Health Select Committee as it considers appropriate, with each organisation to nominate its representative;
- b. Agrees to review the appointment of non-elected representatives on Health Select Committee on a yearly basis, at the meeting where the election of chairman and vice-chairman takes place, to ensure that the organisations remain representative of service users and / or Wiltshire residents.

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Date of report: 03 July 2018

Background papers

None

Appendices

Appendix A - Other Local Authorities – Appointed non-elected representatives on Health Select Committee

Appendix A

Other Local Authorities – Appointed non-elected representatives on Health Select Committee

CIPFA Comparator Councils	Appointed non-elected representatives on Health Select Committee
Bath and North East Somerset	None
	Healthwatch have a regular slot to provide an update at the start of every meeting.
Bedford Borough Council	At its June 2018 meeting – considered inviting a representative of Healthwatch Bedford
	Borough to act an observer "plus" (able to ask questions and participate in discussion
	but not to vote)
Central Bedfordshire Council	None
Cheshire East Council	None
Cheshire West and Chester Council	None
East Riding of Yorkshire Council	None
Herefordshire Council	One representative (emailed council but no further details provided to date)
North Somerset Council	None
Shropshire Council	None
Solihull Borough Council	None
Stockport Borough Council	None
Trafford Metropolitan Borough Council	None
Warrington Borough Council	None
City of York Council	None
Neighbouring council /	Appointed non-elected representatives on Health Select Committee
other unitary authorities	
Cornwall Council	None
Durham County Council	2 non-voting co-optees to provide a "community voice" (do not represent an
	organisation) + 1 Healthwatch representative (non-voting)
Hampshire County Council	Co-opted members from district and borough councils
Somerset County Council	None
South Gloucestershire Council	None
Bristol City Council	2 co-optees, NB committee includes education
Authorities with known non-elected	Appointed non-elected representatives on Health Select Committee

attendance at committee	
Essex County Council	Healthwatch attend meetings and have speaking rights.
	The Holland-on-Sea Residents Association also has a representative.
Gloucestershire County Council	Healthwatch attend meetings and speak on relevant items.
Hertfordshire County Council	Healthwatch attend meetings and have speaking rights.
Isle of Wight Council	Healthwatch as co-opted member (non-voting)
Kent County Council	Healthwatch is invited as a guest and is non-voting.
Leicestershire County Council	Healthwatch attend most meetings.
Northamptonshire County Council	4 co-opted members (non-voting),
,	2 representatives from Healthwatch Northamptonshire
	1 representative from Carers' Voice
	1 representative from the Voluntary & Community Sector
South Gloucestershire Council	Healthwatch have speaking rights.
Surrey County Council	Healthwatch and the Surrey Coalition of Disabled People may speak after Members.