

## Wiltshire Council

### Health Select Committee

10 September 2024

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#### Non-elected non-voting co-opted representation on Health Select Committee

##### Purpose

1. To present options available to the Health Select Committee (HSC) with regards to the appointment of non-elected non-voting co-opted members (thereafter referred to as “co-opted members”).

##### Background

2. The Health and Social Care Act 2012 increased emphasis on the role of patients and the public in shaping services. This was recognised in the inclusion of Healthwatch membership for health and wellbeing boards.
3. Co-opted members are non-councillor members of certain committees, appointed where specialist input is required or where an outside view of the council can be useful in guiding councillors' deliberations.
4. 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).
5. The Local Authority Health Scrutiny guidance issued by the Department of Health (June 2014) states that:  
***“local authorities (...) 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.”*

##### Current situation

6. The HSC has a long-standing commitment to including co-opted members. The benefits of contributions made by co-opted members has been apparent at committee level, as well as task groups and rapid scrutiny exercises.

7. The current non-elected representation on HSC is:
  - Healthwatch Wiltshire
  - Wiltshire & Swindon Users Network (WSUN)
  - Wiltshire Centre for Independent Living (CIL)
  
8. For information, non-elected representation (of a comparable purpose) on other board and committees of the council:
  - a. the Health and Wellbeing Board has the following VCS representation:
    - VCSE (Voluntary, community and social enterprise) Leadership Alliance
    - Healthwatch.
  
  - b. Children's Select Committee
    - Further education representative
    - School teacher representative
    - Children and young people representative
  
9. It should be noted that currently co-opted members are listed as "stakeholders" on agendas for HSC. Other committees of the council use "non-elected non-voting members" or "non-voting members".

### **Other local authorities**

10. VCS organisations representation on health scrutiny committees varies quite widely. A table with a breakdown of other authorities was appended to the report considered in July 2018 ([agenda](#)).
  
11. Desk-based research undertaken in September 2024 evidenced that Wiltshire HSC remains a precursor in its inclusive approach as it compared very favourably to the Local Authorities listed in the 2018 report.

### **Main considerations**

12. Co-opted membership was previously reviewed in September 2016 and July 2018.
  
13. It is believed that there could be benefits in providing clarity on the following:
  - a. The number of co-opted members for the HSC.
  - b. The VCS organisations who should be invited to select a representative to become a co-opted member.
  - c. Whether there should be a distinction in co-opted roles between VCS organisations linked to whether or not they are in a contractual relationship with the Council.
  - d. When appointments should be reviewed and / or renewed.

### **Research undertaken**

*The number of co-opted members for the HSC*

14. The appointment of co-opted members in over 30 other Local Authorities was reviewed. Unfortunately, as indicated in paragraph 10, this provided no inspiration in terms of a reasonable and balanced number of co-opted members, or any other aspect of this research.

*The VCS organisations who should be invited to select a representative to become a co-opted member*

15. The research undertaken highlighted the need for a much more in-depth review to ensure that the appointment of co-opted members reflect the range of health services and support the VCS provides to local communities and individuals, as well as the committee's recognition of the significance of the contribution made by co-opted members.
16. Additionally, the roles of the organisations, their membership and focus of work, should be carefully taken into account, and selection criteria set, to ensure that the organisations appointed on the committee are representative of a significant number of service users and / or Wiltshire residents.

*Whether there should be a distinction in co-opted roles between VCS organisations linked to whether or not they are in a contractual relationship with the Council*

17. Based on reviewing issues considered in 2016 and 2018, there could be advantages to making a distinction to indicate when an appointment may be linked to a contract (as on occasion multiple VCS may join forces to deliver a contract).
18. This would also ensure that there remains a balance of "independent" VCS as co-opted, although this should not be seen as suggesting that co-opted members would not offer a true reflection of service users' views and issues because their VCS delivers a contract for the council.

*When appointments should be reviewed and / or renewed*

19. A logical suggestion would be for the appointment of co-opted members to be reviewed on a yearly basis, to ensure that the organisations remain representative of service users and / or Wiltshire residents.
20. A practical way to ensure this remains on the forward work programme could be to do this at the same meeting where the election of chairman and vice-chairman takes place.

## **Conclusion**

21. It was planned for this report to present clear options for the committee to choose from, yet the only conclusion reached from the research undertaken was that there would be greater benefits if this review was shared with the other Wiltshire Council's overview and scrutiny committees to establish clear guidelines for the appointment of co-opted members overall.

22. This would also provide clarity for the co-opted members in terms of the support they can expect, the commitment expected of them and all other practicalities.

23. Although a recommendation could be put forward with regards to 13.c and 13.d it would seem limited benefits for the committee to make a decision on this outside of the suggested in-depth review.

## **Proposal**

That Health Select Committee:

- a. Amends its agenda to reflect the position of co-opted members as “non-elected non-voting members” to offer clarity on the role and align with other committees of the council;
- b. Confirms that the following appointments of co-opted members remain until the in-depth review is concluded:
  - Caroline Finch (Wiltshire Centre for Independent Living)
  - Diane Gooch (Wiltshire Service Users Network)
  - Irene Kohler as a representative of Older Person’s Champions (previously as a representative of Healthwatch Wiltshire)
- c. Delegates to the chair and vice-chair to request an in-depth review of the process for the appointment of co-opted members for all overview and scrutiny committee at the next available meeting of the Overview and Scrutiny Management Committee.
- d. Delegates to the Senior Scrutiny Officer to contact Healthwatch Wiltshire to invite them to nominate a representative.

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Report author: Marie Gondlach, Senior Scrutiny Officer,  
[marie.gondlach@wiltshire.gov.uk](mailto:marie.gondlach@wiltshire.gov.uk)

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### **Background papers**

[A councillor's workbook on scrutiny \(local.gov.uk\)](#)

### **Appendices**

None