

AGENDA

Meeting: Health Select Committee
Place: Council Chamber, Monkton Park, Chippenham
Date: Thursday 12 July 2012
Time: 10.30 am

Please direct any enquiries on this Agenda to Sharon Smith, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 718378 or email sharonl.smith@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225) 713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Membership:

Cllr Desna Allen	Cllr Peter Hutton
Cllr Chuck Berry	Cllr Tom James MBE
Cllr Jane Burton	Cllr John Knight
Cllr Chris Caswill	Cllr Nina Phillips
Cllr Peter Colmer	Cllr Pip Ridout
Cllr Christine Crisp	Cllr William Roberts
Cllr Peter Davis	

Substitutes:

Cllr Richard Britton	Cllr David Jenkins
Cllr Nigel Carter	Cllr Bill Moss
Cllr Mary Douglas	Cllr Jeffrey Ody
Cllr Nick Fogg	Cllr Helen Osborn
Cllr Russell Hawker	Cllr Judy Rooke
Cllr George Jeans	

PART I

Items to be considered whilst the meeting is open to the public

1 **Election of Chairman**

To elect a Chairman for the ensuing year.

2 **Election of Vice-Chairman**

To elect a Vice-Chairman for the ensuing year.

3 **Membership**

- i) To report the membership appointed by the Council (as printed on the front page).
- ii) To request that the Health Select Committee confirm the following as non-voting co-opted members:

Phil Matthews (Wiltshire Involvement Network (WIN))

Linda Griffiths/Dorothy Roberts (Wiltshire & Swindon Users Network (SWUN))

Brian Warwick (Advisor on Social Inclusion for Older People).

4 **Apologies**

5 **Declarations of Interest**

To receive any declarations of pecuniary and non-pecuniary interests or dispensations granted by the Standards Committee.

6 **Chairman's Announcements**

7 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named above for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the

officer named above no later than **5pm on Thursday 5 June 2012**. Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

8 **Terms of Reference** *(Pages 1 - 2)*

- i) To note the terms of reference for the Health Select Committee as agreed by Full Council on 15 May 2012 as follows:
 - Deliver the health and adult social care elements of the overall work programme (as directed by the Management Committee) in line with the articles and overview and scrutiny procedure rules set out in the Constitution including the statutory powers of Health Scrutiny.
 - Membership to include co-opted non-voting stakeholder representatives as appropriate.
 - Report and make recommendations to the Management Committee through its minutes.
 - Establish ad hoc task groups.
 - Six meetings per year will be fixed in the Council diary.
- ii) To receive details of the new arrangements agreed by Council on 15 May in the form of a revised structure chart and summary of improvements and developments.

9 **CHC Working Group - Final Report** *(Pages 3 - 14)*

The Health and Adult Social Care Select Committee resolved to establish a non-executive working group (between Wiltshire Council and NHS Wiltshire) to review NHS Continuing Healthcare (CHC) and the Council's partnership working arrangements for both CHC and joint packages of care.

A report, detailing the work undertaken by the Group, its findings and ensuing recommendations is now attached, together with a joint response to the recommendations proposed from Wiltshire Council and NHS Wiltshire.

The Committee is asked to endorse the recommendations within the report, the response provided and to agree on any further action that may be required.

10 **Appointment to Joint Scrutiny Committees** *(Pages 15 - 18)*

The Committee is asked to appoint councillors and substitute members from the Health Select Committee to serve on the GWAS Health Scrutiny Joint Committee. A report is attached for consideration which also covers the appointment process for any further joint scrutiny committees.

11 **Legacy Issues and Future Work Programme** (Pages 19 - 26)

The attached discussion document was presented to the Overview & Scrutiny Management Committee at its first meeting held on 30 May 2012.

The Committee resolved that each Committee (including the Management Committee) consider key legacy issues and, in consultation with Cabinet and CLT/ELT, develop topics for potential inclusion on the future Overview and Scrutiny Work Programme.

A copy of the outstanding items from the previous Health and Adult Social Care Select Committee is attached for reference.

Since the meeting of the Management Committee, select committee chairs and vice-chairs have been meeting with relevant Cabinet members and senior service officers to start discussion on reviewing/developing potential topics for the new single work programme. In advance of the first meeting of the new Health Select Committee, a preliminary meeting was held on 13 June involving Cllrs Peter Hutton and Jane Burton and Christine Graves – Service Director Strategy and Commissioning to start the process. Unfortunately Cllrs John Thomson and Jemima Milton were unable to attend in the end although they have been subsequently consulted. The outcome of this discussion was to recommend to the Select Committee (and Management Committee):

i) That legacy should involve the following topics:

Dementia Task Group
CQC Monitoring Arrangements
Local Safeguarding Adults – Annual Report, Winterbourne Report Update, New arrangements post 1 April 2013

ii) That the future work programme focuses on the impact of the new Health and Social Care arrangements. The proposal is, rather than hold a formal meeting of the Select Committee in September, this is replaced by a workshop involving Adult Social Care, Health and Public Health to report on latest arrangements and agree where overview and scrutiny should focus its attention in order to add value especially at the commissioning/delivery level.

The Select Committee is asked to agree the above proposals.

12 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

13 **Date of Next Meeting**

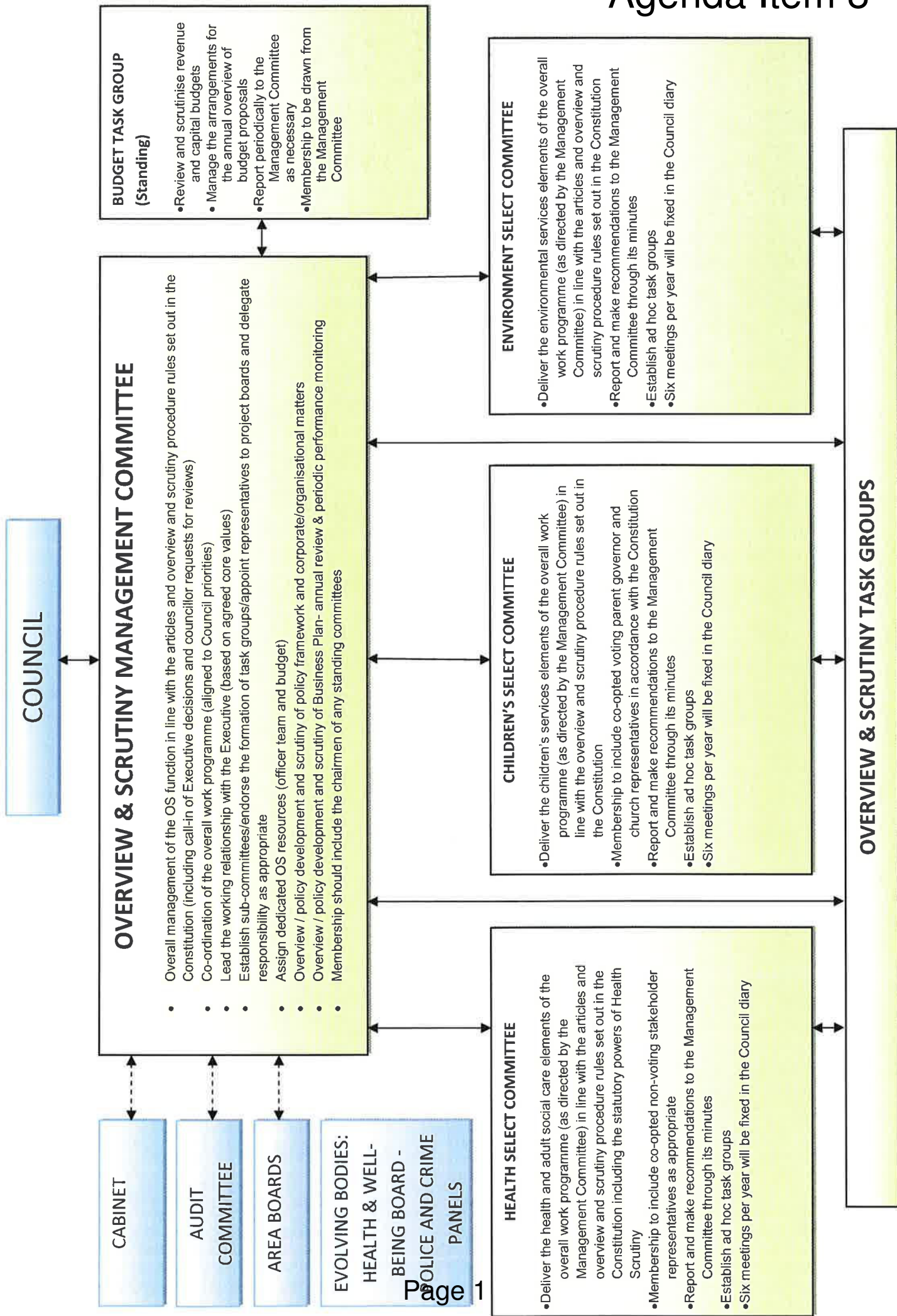
See item 11 (ii) above.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

NONE

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Council's decision on the review of overview and scrutiny arrangements included the following improvements/developments:

Core Values in the working relationship between the Executive and OS functions:

- Mature and harmonious working relationships to provide for open and constructive challenge in the style of a critical friend.
- OS should be an integral part of decision-making in order to minimise delays and frustrations.
- OS should add value to decision-making and focus on the big, important matters to the Council and communities identified in the Business Plan.
- A “two-way street” for communication to enable OS to develop a complementary work programme to that of the Executive.
- Responsible behaviour and sound practices with OS reviews based on evidence (not anecdote or political bias) fairness, respect and courtesy.
- All members and officers should work together to ensure the efficient transaction of OS business.

Policy and Budget Framework - OS to be consulted in good time prior to submission for formal adoption in accordance with the Constitution.

OS Work Programme to be relevant, balanced, proportionate, timely and outcome focused. Higher proportion of policy development work including cross-cutting themes linked to the Council's priorities in the Business Plan. Overall responsibility of the Management Committee.

Task Groups recognised as being both effective and rewarding and therefore to feature prominently in the new arrangements.

Added Value to be achieved through concentrating on less topics, more in-depth reviews particularly on matters agreed as priorities with Cabinet.

Budget Scrutiny to be dealt with through a dedicated standing task group of the Management Committee.

Legacy business - the approach to ongoing legacy business from the old arrangements to be determined by the Management Committee.

ELT Working Party to support the implementation of the revised arrangements.

Further review in 18 months of the effectiveness of the revised arrangements.

Wiltshire Council

Health and Adult Social Care Select Committee

17 May 2012

Continuing Healthcare Working Group

Final Report

Executive summary

The Health and Adult Social Care Select Committee at its meeting held on 12 January 2012 considered a report on the work undertaken by Wiltshire Council and NHS Wiltshire to support people who need, or may need, continuing healthcare.

Whilst noting the developments already made in respect of Continuing Healthcare (CHC) and joint packages of care between NHS Wiltshire and the Council, it was recognised that future working arrangements continued to be developed in light of the National Framework that was revised in 2010. With this in mind, the Committee resolved to establish a non-executive Joint Working Group (between Wiltshire Council and NHS Wiltshire) to review NHS CHC and the Council's partnership working arrangements with NHS Wiltshire for both CHC and joint packages of care.

The following report provides details of the work undertaken by the Group.

Proposal

That the Health and Adult Social Care Select Committee approve the recommendations outlined on pages 8 and 9 of the report.

Reason for proposal

To strengthen the working arrangements between NHS Wiltshire and Wiltshire Council in relation to CHC and joint working.

Author:

Sharon Smith
Democratic Services Officer, Wiltshire Council
Contact details: sharonl.smith@wiltshire.gov.uk
Tel: 01225 718378

Continuing Healthcare (CHC) Working Group

Final Report

Purpose of report

1. To inform the Health and Adult Social Care Select Committee of the work undertaken by the CHC Working Group.

Background

2. The Health and Adult Social Care Select Committee considered a report on NHS Continuing Healthcare at its meeting held on 12 January 2012 at the request of the Cabinet member for Adult Social Care.
3. The report provided details of the work being undertaken between Wiltshire Council and NHS Wiltshire to ensure appropriate support was being delivered to people who needed, or may need, NHS Continuing Healthcare.
4. Following consideration of the report, the Committee resolved to form a Joint Working Group to review NHS CHC and the Council's partnership working arrangements in respect of both NHS CHC and joint packages of care.
5. The Committee agreed that the Joint Working Group should include representatives from both NHS Wiltshire and Adult Social Care and be advised by those involved in the decision making process.
6. The Committee also agreed that non-executive members from NHS Wiltshire should be invited to participate in the exercise.
7. The membership of the Working Group was as follows:

Cllr Desna Allen

Cllr Peter Colmer

Sue Geary (Adult Social Care)

John Holden (non executive director – NHS Wiltshire)

Cllr Peter Hutton

Peter Lucas (non executive director – NHS Wiltshire)

Kath Norton (Adult Social Care)

Cllr Sheila Parker

Cllr Pip Ridout - (part involvement)

Julie-Anne Wales/Deborah Gray (NHS Wiltshire)

Dina Lewis (NHS Wiltshire) – (part involvement)

8. The Working Group held its first meeting on 24 February 2012 where it was asked to identify the main issues and establish a programme of work for future meetings.
9. To assist members of the Working Group the following documentation was provided:
 - Minute arising from the HASC Select Committee meeting held on 12 January
 - NHS CHC report presented to the HASC Select Committee on 12 January
 - NHS Continuing Healthcare 'Patient Experience' flowchart

Links to the following background documentation were also provided:

- The National Framework for NHS Continuing Healthcare and NHS funded nursing care
 - NHS Continuing Healthcare – Frequently Asked Questions
10. As a guide to review whether the joint working arrangements between NHS Wiltshire and Wiltshire Council were working effectively the Group agreed to follow the 'Patient Experience' flowchart compiled by NHS Wiltshire for the Working Group. By following the 'Patient Experience' the Group would also be able to gain an understanding on how the process was for those seeking CHC.

Information Taken into Consideration

11. During 2011 Wiltshire Council and NHS Wiltshire reviewed working arrangements, policies and processes to improve joint working which resulted in the following:
 - Joint training and awareness raising in relation to the application of the national practice guidelines;
 - A dispute resolution protocol (this has led to a reduction in the number of new disputes);
 - The review of some outstanding disputes;
 - Plans to co-locate the NHS Wiltshire and Council CHC teams (May/June 2012); and
 - Joint commissioning of Help to Live at Home services (from October 2011).
12. This work was undertaken based on the following principles:
 - That partnership working between the Council and the PCT should be to the benefit of individual patients/customers;
 - Decision-making was robust and based on well-evidenced assessment of the individual's needs; and
 - Funding and care management responsibilities should lie with the most appropriate agency.
13. CHC eligibility was tested against new practice guidelines issued by the Department of Health (the **National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care**) in 2009. This Framework provided guidance on the process to be followed to ascertain eligibility.

14. As a result of joint working in Wiltshire the number of people in receipt of CHC had reduced (from a peak of 405 during the first quarter of 2010/11 to 259 in the fourth quarter of 2012). A proportion of those cases assessed as not eligible for CHC were eligible for support from Adult Social Care which translated to circa 47 individuals, representing an in-year cost of approximately £600k to Wiltshire Council. Also attributing to this reduction were 186 RIP's (i.e. those that have passed away) across 2010/11 and 2011/12 which demonstrated the dynamic nature of the cohort or clients in receipt of CHC funding.
15. It was explained that the significant reduction of CHC cases was due to a more evidenced based approach being taken by NHS Wiltshire in partnership with Adult Social Care during the assessment process in line with the National Framework.
16. NHS Wiltshire was undertaking a programme of reviews of current CHC funded patients with the participation of the Council to test eligibility against the NHS Continuing Healthcare Guidance (2009) and following recent training of staff. It is estimated that of the cases reviewed a proportion will be judged as no longer eligible for CHC and that of these cases approximately 30% are likely to become the funding responsibility of the Council.
17. Funded Nursing Care was the annual level of the NHS contribution towards the costs of a place in a care home with nursing for those people assessed as requiring the help of a registered nurse. This amounts to £108.70 per week standard rate. When NHS-funded nursing care was introduced in October 2001, the Department of Health made a commitment to regularly reassess the payment these are reviewed annually in line with nurses' pay.
18. The Council and NHS Wiltshire were developing a Joint Resourcing and Joint Funding Protocol to ensure that individuals were provided for and handled in the most appropriate way.
19. For individuals eligible for CHC 100% of the costs were met by NHS Wiltshire. This was not the case for those outside of the criteria (i.e. those identified as in need of either joint care or social care). In these cases alternative funding streams applied dependant on the individual circumstances. The Group considered the Wiltshire Council flowchart which highlighted the steps taken during this process.
20. Of the individuals not eligible for CHC some had significant health needs that may still require continued funding from NHS Wiltshire. There were also individuals whose care needs would need to be met by both NHS Wiltshire, Primary Care and Wiltshire Council.
21. The CHC team worked towards a challenging 28 day turnaround period as set by the National Framework in following the process although it was recognised that this was not achievable in most circumstances. In quarter 3, NHS Wiltshire achieved an 88% success rate in achieving this target, with neighbouring PCTs in the range of approximately 60-98%. There were fast-track referrals that fell outside of this (primarily for patients whose health was deteriorating rapidly).

These were usually undertaken by clinicians with decisions predominantly made within 24 hours.

22. Of the checklists completed during the screening process only an estimated 10% proceeded to CHC assessment. At this stage the Decision Support Tool (DST) was completed and evidence obtained to inform and complete the assessment with the patient/patient representative and other professionals as appropriate.
23. The Checklist is normally completed by a primary care practitioner (District Nurse or CPN) and the Decision Support Tool (DST) is completed by a Multidisciplinary Team (MDT). Members of the Group were provided with copies of both to aid them in discussion.
24. The completed information, including recommendation, was presented to the Joint Decision Meeting (JDM) for decision in line with National Framework guidance. The JDM, (consisting of representatives from both NHS Wiltshire and Wiltshire Council) were able, by exception, to make a decision which differed to the MDT recommendation made.
25. To understand the process, Cllr Peter Colmer (Chairman of the Group) and Cllr Sheila Parker attended a JDM to observe. An induction exercise was held for both Cllr Peter Colmer and Cllr Sheila Parker prior to the observation.
26. Patient/patient representatives were informed in writing of the JDM's decision on whether, following assessment, they were considered eligible for CHC funding. For those patients assessed as ineligible, information on how to appeal the decision was included in the correspondence to allow patients/patient representatives the opportunity to request a review where felt appropriate.
27. An appeals panel, which included nurse assessors and social services representatives, considered these cases. The appeals were chaired by one of three NHS non-executive directors and included representatives who had not been involved in the initial decision.
28. For individuals seeking future care arrangements from the Adult Social Care team, a separate assessment was required to determine need/eligibility need. However, information provided for the CHC assessment was used where possible to minimise duplication for the individual concerned.
29. The Group considered an example case study which demonstrated the fluidity of care needs. In the case provided the individual was assessed as non-eligible following review, although initially entitled to CHC.
30. In line with Framework requirements the following domains were included within the assessment process:

Behaviour
Cognition
Psychological and Emotional
Communication
Mobility

Nutrition
Continence
Skin
Breathing
Drug therapies and medication: symptom control
Altered State of Consciousness
Other significant needs

31. At each stage the nature, intensity, complexity and unpredictability of each domain were considered.

Observations of the Working Group

32. Significant progress had been made since the review of working arrangements, policies and processes undertaken in 2011. However, joint working arrangements prior to the review were not as effective as both parties would have liked.
33. The decision making process for NHS CHC was complex and sensitive. Although the National Framework was reviewed in 2009 to provide clearer guidance on the process to be followed resulting in a reduction in the variation of interpretation across the country and within Wiltshire itself, it was recognised that the process could still be open to interpretation, specifically in relation to 'close call' decisions. As a result decisions were seen as a professional judgement and not formulaic.
34. Clear and robust processes continued to be developed between NHS Wiltshire and Wiltshire Council to ensure joint working arrangements remained consistent and fit for purpose. This included a Joint Resourcing and Joint Funding Protocol which was currently in draft form. Although in its infancy scrutiny of the Protocol at an appropriate stage would provide a further quality assurance to the process.
35. To ensure consistency in decision making the Group felt there was an ongoing need for independent quality assurance of the JDM process.
36. There was also concern with regards to the weighting of the appeals panel. It was essential that the process reflected an independent review to ensure a robustness of the decision made.
37. The 'Patient Experience' compiled for use by NHS Wiltshire for the Groups consideration could be adapted for use by members of the public to allow a simple overview of the process to supplement, at a local level, guidance already provided by the Department of Health. This could also be adapted for use by both NHS Wiltshire and Wiltshire Council for staff involved in the CHC process as further guidance on working arrangements.
38. A similar flowchart had been compiled by the Adult Social Care team for cases classified as not eligible for CHC to aid the Group's deliberations. Again it was felt that this could also be adapted for use by both the public and staff at both NHS Wiltshire and Wiltshire Council.

39. The arrangements for CHC funding applied to adults only with the service provision for children dealt with via a separate team. However, the transition of information for children reaching the age of 18 could be further improved and should be taken into consideration as part of the Disabled Children and Adults Review underway.
40. All group members agreed that the process should be as seamless as possible for the individual irrespective of which agency provided it to ensure the service remained patient focused.
41. Reviewing arrangements at periodic intervals within the next year would be beneficial in maintaining a quality assurance check bearing in mind that from April 2013 Clinical Commissioning Groups would be taking responsibility for CHC.

Conclusion

42. The Working Group acknowledged that a great deal of work had been undertaken by both NHS Wiltshire and Wiltshire Council to achieve better partnership working and there was a real commitment to strengthening joint working arrangements in the future.
43. The Group expressed that the review of CHC had been productive and had highlighted a positive demonstration of partnership working between NHS Wiltshire and Wiltshire Council to strengthen the assessment and subsequent care services provided.
44. Both NHS Wiltshire and Wiltshire Council acknowledged that changes needed to be made in respect of working practices in relation to CHC and joint packages of care and had already undertaken steps to address this.

Recommendations:

- 1) That a protocol is developed to ensure the Joint Decision Meeting (JDM) process within the assessment of CHC remains robust to include appropriate quality assurance checks.**
- 2) That consideration be given to the weighting of the appeals panel to reflect an independent review of the process to ensure robustness of the decision made.**
- 3) That clearer guidance on CHC and joint packages of care should be developed for use by members of the public including that the draft 'Patient Experience' flowchart compiled for the Working Group's benefit be further developed to provide simplified guidance for members of the Public and as a reminder tool of the process for those working within CHC.**
- 4) To acknowledge the existing work already undertaken in relation to training of staff and that a continual improvements programme be implemented to ensure consistency for all those involved with CHC.**

- 5) **To ask that the Committee make a recommendation to the Children's Services Select Committee to request that information about CHC is considered as part of the Disabled Children and Adults Review.**
- 6) **That the HASC Committee via a joint scrutiny exercise, review the Joint Resourcing and Joint Funding Protocol prior to consideration by Cabinet and the NHS Board.**
- 7) **That an update report is presented to the HASC Committee on developments made in approximately 6 months from the Executive response to this report.**

Cllr Peter Colmer – Chairman, CHC Working Group

Report author: Sharon Smith, Democratic Services Officer
Tel: (01225) 718378
E-mail: sharonl.smith@wiltshire.gov.uk

Continuing Healthcare Working Group Response to the Recommendations in the Report

Purpose of the report

1. To respond, jointly on behalf of NHS Wiltshire and Wiltshire Council to the recommendations by the CHC Working Group.

Overview

2. NHS Wiltshire and Wiltshire Council officers were grateful for the chance to inform and involve HASC members in the arrangements, policies and processes for CHC.
3. The Working Group provided a good opportunity to profile the partnership working which has been progressed over the last 18 months, aimed at improving patient/customer experiences of what is often inevitably a complex and sensitive process to determine eligibility for Continuing Healthcare.

Response to recommendations

4. The recommendations of the Working Group provide useful insight and are welcomed. They provide an opportunity to focus on 'next steps' for developing our working arrangements together.
5. The Working Group's recommendations have been set out as an action plan, attached to this report as Appendix A. This action plan will be managed and monitored by Deborah Gray, Deputy Director of Nursing and Patient Safety representing NHS Wiltshire and Sue Geary, Head of Performance, Health and Workforce, representing Wiltshire Council.
6. HASC members are invited to endorse the action plan set out in Appendix A.

Report Authors:

Deborah Gray, Deputy Director of Nursing and Patient Safety, NHS Wiltshire
Sue Geary, Head of Performance, Health and Workforce, Wiltshire Council

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HASC Recommendations

	Recommendation	Plan	LA Lead	NHS Lead	Date for completion
1	That a protocol is developed to ensure the Joint Decision Meeting (JDM) process within the assessment of CHC remains robust to include appropriate quality assurance checks.	Establish Multi agency CHC Quality Assurance Task force to develop audit tool and quality assurance framework.	√	√	Oct 2012
2	That consideration be given to the weighting of the appeals panel to reflect an independent review of the process to ensure robustness of the decision made.	Review of CHC Operational Policy in light of changes to National Framework and to take into account the NHS and Social Care Act in relation to the .transition of services to Clinical Commissioning Group or Commissioning Support Services. This will include framework for panels, Appeal Panels taking into account the cessation of PCTs and SHA for Independent Review Panel with this responsibility being moved to Sector Level(South of England).		√	Dec 2012
3	That clearer guidance on CHC and joint packages of care should be developed for use by members of the public including that the draft 'Patient Experience' flowchart compiled for the Working Group's benefit be further developed to provide	CHC Quality Assurance Task Force to lead development of Patient Information in relation to CHC and FNC to ensure it is accessible, consistent and user friendly and offers appropriate signposting to advocacy and	√	√	Dec 2012

	simplified guidance for members of the Public and as a reminder tool of the process for those working within CHC.	advisory services.			
4	To acknowledge the existing work already undertaken in relation to training of staff and that a continual improvements programme be implemented to ensure consistency for all those involved with CHC.	CHC Quality Assurance Task Force to develop work programme and monitor	√	√	Ongoing
5	To ask that the Committee make a recommendation to the Children's Services Select Committee to request that information about CHC is considered as part of the Disabled Children and Adults Review	Disabled Child and Adults Review Team confirmed information relating to Continuing Healthcare will be considered within the scope of their review.	√		May 2012
6	That the HASC Committee via a joint scrutiny exercise, review the Joint Resourcing and Joint Funding Protocol prior to consideration by Cabinet and the NHS Board.	Develop Joint Resourcing Arrangements Policy with NHS Wiltshire Commissioners (NHS Commissioning Lead representative not CHC), to progress report back to HASC.	√	√	Oct 2012
7	That an update report is presented to the HASC Committee on developments made in approximately 6 months from the Executive response to this report.	Update report at the end of Quarter 3 (including activity data for Q3) which informs progress and also advises on transition plans prior to NHS Wiltshire stand down prior to transfer to Clinical Commissioning Group/ Commissioning Support Services.		√	Jan 2013

Wiltshire Council

Health Select Committee

12 July 2012

Health Scrutiny Joint Committees

Background

1. In June 2009 the Council was informed that there was likely to be an increasing demand for health scrutiny joint committees with other local authorities (LA), especially relating to the commissioning of specialist services and rare cancers which may be regarded as a substantial variation in service delivery to local residents.
2. The need for a new Joint Committee is usually triggered by the receipt of an Impact Assessment from a PCT or NHS Network etc, which is subsequently felt to be a 'Substantial variation' by more than one LA. Whilst a substantial variation of health services is not defined in Regulations, the key feature is that there is a major change to services experienced by current and future patients. A protocol for the establishment of such committees has been developed by the South West Health Scrutiny Network, in respect of Specialised Commissioning, and it highlights the importance of LAs nominating members in a timely way to avoid unnecessary delay in the commissioning process. Depending on the number of LAs involved, a Joint Committee would be established with between 1 and 3 members (plus substitutes) per LA.
3. In September 2009 the Council agreed a process to avoid potential delays in the appointment of councillors to any proposed joint committee whereby a pool of councillors comprising the existing membership and substitutes of the appropriate Health Select Committee was agreed.
4. The Health Select Committee would determine which councillors were to be appointed to the joint committee, after consultation with political group leaders. The rules of political proportionality would apply to these appointments save where there are less than 3 places to be filled.
5. Any appointments would be reported to Council via the Select Committee's minutes and, if necessary, a review of the allocation of seats to political groups undertaken.

Great Western Ambulance Service (GWAS)

6. The GWAS health scrutiny joint committee was established by the local authorities covered by the GWAS area to review poor performance by the Trust. The former Wiltshire County Council was a founding member with 3 representatives appointed to attend its meetings.
7. In September 2009 (following an initial period of observer status pending formal decision on appointments as part of the new working arrangements of Wiltshire Council) 3 members were appointed to serve for the remainder of the municipal year or until the Joint Committee concluded its review of the Trust.
8. The GWAS health scrutiny joint committee remains in existence and appointments have continued to be made, based on political proportionality.

Appointment of Councillors and Substitutes to the GWAS Health Scrutiny Joint Committee

9. In line with arrangements agreed by Full Council in respect of appointments of members to joint scrutiny committees, the Health Select Committee is required to appoint 3 members to the GWAS Health Scrutiny Joint Committee for the remainder of the municipal year or until the Committee concludes its review of the Trust.
10. Based on the proportionality of the Committee this will require appointments made as follows:

Conservative Group – 2 x members
Liberal Democrat Group – 1 x member
11. The appointment of substitutes will also need to adhere to the same principles, namely 2 members from the Conservative Group and one member from the Liberal Democrat Group.
12. The current membership is as follows:

Cllr Mike Hewitt (Con) - to be replaced by an LD
Cllr Peter Colmer (Con)
Cllr Christine Crisp (Con)

Substitutes:

Cllr Peter Hutton (Con)
Cllr Pip Ridout (Con)
Cllr Ricky Rogers (Lab) – to be replaced by an LD

Recommendation

To appoint councillors and substitute members from the Health Select Committee to serve on the GWAS Health Scrutiny Joint Committee.

**John Quinton,
Head of Democratic Services**

Report Author: Paul Kelly, Scrutiny Manager and Designated Scrutiny Officer

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REVISED OVERVIEW AND SCRUTINY ARRANGEMENTS

Approach to Legacy Issues from the previous arrangements

- New select committees to review individual work programmes from the previous arrangements as soon as possible and recommend legacy topics to the Management Committee - justifying priority linked to the Business Plan
- Review to be undertaken in consultation with relevant Cabinet Member and corporate/service director(s)
- Any priority items that cannot wait for the above review to be dealt with by the select committee at its first meeting

Approach to development of future Work Programme

- Single work programme for the function overall controlled by the Management Committee – style/layout to be determined
- To be developed in consultation with the Cabinet and CLT/ELT linked to the Business Plan (focusing on policy development and outcomes – what's not how's)
- Select committees to recommend content subject to endorsement by the Management Committee
- Relevant Chairman and Vice-Chairman to set agendas for select committees based on agreed work programme (other communication sources to be used for information/progress items)
- Limit to be placed on the number of task groups to be running at any one time matched to resources and councillor capacity
- Use of “evidence” to develop work programme:
 - Business and Financial Plans
 - “Fishbone” Programme list
 - Performance scorecards (to Cabinet)
 - Cabinet Forward Work Plan
 - Operating Model and Cross-Cutting Themes
 - CLT 90 Day Objectives
 - Invitations by Executive
 - Member requests (including CCfA and Call-in)
 - Audit Committee Work Plan

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Item	Previous Committee	Date Established	When to be considered	Membership	Terms of Reference	Background	Cabinet Member/Portfolio Holder and key officer
Drugs & Alcohol	HASC	Mar-12				<p>The Committee received a report from Public Health on actions to reduce alcohol and drug related harms in Wiltshire. The report also included details of strategic changes affecting the commissioning of services inclusive of plans to tender an integrated community substance misuse service.</p> <p>The Committee resolved to receive an update on progress and to receive details on the next stage of the tendering process (following consideration by Cabinet in April 2012)</p>	Cllr Keith Humphries/ Maggie Rae
Continuing Healthcare (CHC) Working Group	HASC	Established 12 January 2012	Jan-13	<p>Cllr Desna Allen Cllr Peter Colmer Cllr Peter Hutton Cllr Sheila Parker Sue Geary (Adult Social Care) Kath Norton (Adult Social Care) Deborah Gray (NHS Wiltshire) John Holden (NHS Wiltshire non-executive director) Peter Lucas (NHS Wiltshire non-executive director)</p>	To review NHS CHC and the Council's partnership working arrangements with NHS Wiltshire in respect of NHS CHC and joint packages of care	<p>The Committee considered a report on the work undertaken by the Council and NHS Wiltshire to support people who need or may need CHC.</p> <p>To consider in more depth the implications of the Council and NHS Wiltshire working arrangements in respect of CHC and to ensure the process was fit for purpose a Joint Working Group was established with reps from both NHS Wiltshire and the Council who had a day to day role in the decision-making process.</p> <p>The first of 3 Group meetings was held on 24 February 2012. A final report has now been completed and will be presented to the first meeting of the Health Select Committee.</p> <p>The Group has recommended that an update report on developments made be presented to the Committee in approx 6 months.</p>	<p>Cllr John Thomson/ Christine Graves</p> <p>(Deborah Gray - NHSW / Sue Geary - SC)</p>

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Transitions Task Group	HASC	Established 8 July 2010	tbc	Cllr Richard Britton Cllr Christine Crisp Cllr Mike Hewitt Cllr Tom James Phil Matthews (WIN) Brian Warwick (as WSUN rep - no longer)	<p>To consider:</p> <p>A response to the NHS White Paper consultation and</p> <p>How the proposed arrangements for the management and provision of health services within Wiltshire can be developed to meet the needs of Wiltshire Residents and to understand how these new arrangements may affect existing or new arrangements within the Council.</p>	<p>The Committee established a Task Group at its meeting in July 2010 to consider the content of the NHS White Paper (which would include details on the proposed changes to the NHS service).</p> <p>The Task Group completed the first part of its remit (to respond to the NHS White paper 'Equity & Excellence: Liberating the NHS') and was expected to concentrate on the transitional arrangements for the management and provision of health services once further details were provided.</p> <p>A Briefing day was to be arranged where members would be updated on the Health and Social Care Bill prior to the Transition TG's next meeting. This was subsequently cancelled due in part to low expected attendance.</p> <p>At the Committees meeting in November 2011 it was agreed that the Transitions TG would not meet until further clarification on the Bill was known. In addition the following expressed interest in joining the Group, namely: Cllrs Peter Hutton, Nina Phillips and Desna Allen and Phil Matthews.</p>	Cllr John Thomson Ed McAllister-Smith/Sarah McLennan (NHSW)

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Children's Congenital Heart Services Review - Rapid Scrutiny Exercise	HASC		tbc			<p>The Task Group was formed following consideration of a report by the Committee on 19 May 2011 where details of the consultation to be undertaken were presented.</p> <p>The Committee resolved to to establish a Task Group to respond to the consultation and to establish whether the changes were considered a substantial variation to Wiltshire residents.</p> <p>The Task Group responded with their preferred option (Option B) which was: 7 surgical centres at: Freeman Hospital, Newcastle Alder Hey Children's Hospital, Liverpool Birmingham Children's Hospital Bristol Royal Hospital for Children Southampton General Hospital 2 centres in London</p> <p>To reconvene once further information is provided on the Services Review.</p>	<p>Cllr John Thomson</p> <p>Ed McAllister-Smith/Sarah McLennan (NHSW)</p>

Item	Previous Committee	Date Established	When to be considered	Membership	Terms of Reference	Background	Cabinet Member/Portfolio Holder and key officer
Dementia Task Group	HASC		Sep-12	Cllr Jane Buton Cllr Nina Phillips Cllr Peter Hutton Cllr Pip Ridout Cllr Tom James MBE	To consider dementia services in Wiltshire and identify areas for improvement.	<p>The committee established the Dementia/Mental Health Task Group at its meeting held on 8 July 2010 to consider dementia and the wider area of mental health. The first scoping meeting took place on 18 August.</p> <p>Although the Group agreed to focus on Dementia rather than the wider remit of Mental Health a presentation was made to the Committee in September on future mental health services in Wiltshire and, subsequently, it was agreed that the Group should focus its work on the service redesign and report its findings back to the Committee in November 2010.</p> <p>From December 2010 to group reverted to consideration of Dementia and several meetings have taken place since this time.</p> <p>A final report was expected by the Committee on 15 March 2012. The Group requested that it meet again in September to receive the outcome of the South Wiltshire pilot of the new Dementia Care Pathway and the new Dementia Strategy action plan (the existing plan being out-of-date).</p>	Cllr John Thomson AWP
Older People Accommodation Strategy	HASC					<p>The Committee had a longstanding interest in the Strategy which is interlinked with the H2L@H Programme.</p> <p>A presentation on H2L@H was provided at the beginning of May - made available to all back-bench members - which also touched on the Older People Accommodation Strategy.</p> <p>The Committee had requested to receive updates at key milestones of the Strategy.</p> <p>NOTE: Interest was shown in the Extra Care Development - Bornham House Site, Malmesbury - a report went to CCAC on 22 May to inform members of the outcome of the mini-competition to select a development partner for the site and to seek approval to dispose of the site at less than market value if required to ensure viability of scheme without public subsidy.</p>	Cllr John Thomson/ Karen Jones

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Help to Live at Home Programme	HASC					The Committee has a longstanding interest in the Help to Live at Home Programme and has received several updates, including a presentation to both members of the Committee and all back-bench members via the Councillor Development Group in May 2012.	Cllr John Thomson James Cawley/ Nicola Gregson
CQC Monitoring Arrangements	HASC					<p>The Committee received a presentation from the CQC in May 2010.</p> <p>The Committee formed the Quality Accounts/CQC Task Group in September 2010. However there does not appear to have been any work conducted specifically for CQC.</p> <p>The Committee were to receive details of the monitoring arrangements for nursing homes from the CQC who were keen to attend to present details and would still wish to do so.</p>	Kath Taylor (CQC South Region)
Local Safeguarding Adults Board Annual Report	HASC					The Committee was expected to receive a copy of the annual report for 2011/12 earlier in the year. The Committee was informed that the Safeguarding Board had yet to receive a copy but were expected to do so on 7 March 2012.	Cllr John Thomson Christine Graves/ Sue Geary

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