

Wiltshire Council

Health Select Committee

22 January 2025

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” or “co-opted”) with regards to:
 - a. The number of co-opted members for the HSC.
 - b. Term of office and when appointments should be reviewed.
 - c. The Voluntary and Community Sector (VCS) organisations and groups who should be invited to select a representative to become a co-opted member on HSC (taking into consideration whether the VCS organisations or groups are in a contractual relationship with the Council).
 - d. The role of co-opted members and expectations both of service and support.
 - e. Developing ways of working for the committee to support inclusion of co-opted members.
2. 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.

Background

3. 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.
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. Wiltshire Council's constitution, under Part 8 – Overview and Scrutiny Procedure Rules, with regards to co-optees states:
 - 3.1 *All Overview and Scrutiny Committees shall be entitled to appoint non-voting Co-Optees, subject to ratification by Full Council.*
 - 3.2 *They may also select key partners or stakeholders as informal non-voting members of their committee.*
6. 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.”

7. The HSC has a long-standing arrangement of 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.
8. At its meeting on 10 September 2024, the Health Select Committee received an update report on this matter detailing the research undertaken at that point, which will not be repeated in this report but can be accessed on the relevant agenda ([here](#)). Co-opted membership was also previously reviewed by this committee in September 2016 and July 2018.

Comparison

9. Desk-based research was undertaken between September and November 2024 to review the approaches taken by other local authorities with regards to appointing co-opted members. Unfortunately, this did not yield particularly useful data and information as VCS organisations representation on health scrutiny committees varied widely.
10. On a positive note, the research highlighted that Wiltshire HSC remains a pioneer in its inclusive approach as it compared very favourably to the local authorities listed in the July 2018 report.
11. Non-elected representation (of a comparable purpose) on other boards and committees of Wiltshire Council are as follows:
 - 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

Main considerations

The number of co-opted members for the HSC

12. Appointing a maximum of 5 co-opted members would bring the total membership of the HSC to 18.

13. This is the same number as the current membership for the Children's Select Committee, which provides evidence that this is a manageable number in terms of ensuring time for participation for all members of the committee at meetings, whilst keeping the length of the meetings reasonable.
14. In terms of balance, the membership split would be just over 2/3 as elected councillors (13) and just under 1/3 as co-opted members (5). Again, this aligns with the Children's Select Committee, and no issues have been highlighted in terms of balance of membership.
15. The increase in number may require the HSC to meet in the Council Chamber rather than a committee room. This may make the meetings slightly more daunting for external witnesses, but this would be balanced by the fact that all attendees would have access to a microphone throughout the meeting (avoiding the current "seat swapping" for witnesses). The Council Chamber is used by the Children's Select Committee and the same approach for a seating plan can be taken to ensure that all attendees feel included in the meeting.

Term of office and review periods

16. To ensure that the organisations remain representative of service users and / or Wiltshire residents, it is suggested appointments are reviewed annually.
17. No limits are currently placed on the number of years a co-opted member can be appointed to HSC. No issues have been raised with regards to this for any overview and scrutiny committee, therefore no changes are proposed but this can be reviewed annually.
18. Based on reviewing issues considered in 2016 and 2018, it should be noted whether a VCS is commissioned by the Council to deliver specific services.
19. 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.
20. It is therefore proposed that a brief report by the Scrutiny team is considered at the HSC meeting when the election of chair and vice-chair takes place (first meeting of a new municipal year).
21. This report would:
 - a. review appointments from the previous year,
 - b. review whether a limit on terms of office should be applied,
 - c. summarise contracts and working relationships between the council and VCS organisations,
 - d. make recommendations with regards to which VCS should be invited to appoint a representative as a co-opted member on the HSC for the coming year.

Representative Membership

22. Key benefits in appointing co-opted members to HSC include:
 - a. Specialist input;
 - b. Outside view of the council;
 - c. Ensuring the voice of service users is heard.
23. Therefore, the focus of work and ways in which the VCS organisations and groups engage with service users should be carefully considered to ensure that the organisations appointed on the committee are significantly representative of service users and / or Wiltshire residents, as well as offering that specialist, external input.
24. It is proposed that the annual review process would involve engagement with the sector to be mindful of current trends and issues in Wiltshire health and social care services and to reflect whether the voice of people experiencing these challenges is being heard by the committee.
25. It would also seem logical to take into account key policies and strategies underpinning the work of adult social care when these are likely to be considered by HSC and / or have an impact on specific service users.
26. A draft protocol is included in Appendix 1.

Developing ways of working for the committee to support inclusion of co-opted members

27. The work of the HSC is guided by its forward work plan, which is regularly updated to include:
 - a. Resolutions made by the HSC,
 - b. Upcoming Cabinet items,
 - c. Items suggested by committee members, council officers, and partners.
28. Additionally, the forward work plan is reviewed on a yearly basis following consultation with Executive members (relevant Cabinet Members and Portfolio Holders), Council Directors, and key officers in partner organisations.
29. It would seem beneficial for co-opted members and their respective organisations and groups to be consulted annually when developing the HSC's forward work programme. This would ensure that the forward work plan for the HSC benefits from their input, based on their knowledge of service users' experiences.
30. Opportunities were identified to develop the HSC's understanding of the role and breadth of work of the organisations and groups represented by its co-opted members, which in turn would support inclusion of co-opted members as well as encouraging participation from co-opted members at HSC meetings, as follows:
31. Annual informal presentations delivered by co-opted members, and / or other representatives of their respective organisations and groups, before a meeting of HSC (for example 10am to 10.20am in the meeting room before a meeting of HSC at 10.30am) along the lines of "this is who we are and what we do".

32. These would be short presentations on the role and work of the organisations and groups, their key successes and challenges in the previous year as well as priorities for the year ahead.

33. In addition to the value of the contributions made by co-opted members at HSC meetings, the significant benefits of co-opted members participating in other forms of overview and scrutiny should not be forgotten. It is therefore beneficial that co-opted members are aware of all opportunities to engage with Task Groups and Rapid Scrutiny exercises.

Proposal

1. That the Health Select Committee agrees the following:

- a. A maximum of 5 co-opted members to be appointed to the HSC.
- b. Terms of office of 1 municipal year to be reviewed at the first meeting of each municipal year, supported by a report from the Scrutiny team (paragraph 22 refers).
- c. The VCS organisations who should retain their current seat as co-opted members:
 - Healthwatch Wiltshire
 - Wiltshire Service Users' Network (WSUN)
 - Wiltshire Centre for Independent Living (CIL)
- d. To adopt the following approaches to support inclusion of co-opted members:
 - Annual consultation of co-opted members and their respective groups and organisations when developing the forward work plan for the HSC
 - Annual informal presentations delivered by co-opted members, and / or other representatives of their respective organisations and groups on the role and work of the organisations and groups, their key successes and challenges in the previous year as well as priorities for the year ahead.
 - Ensure that co-opted members are aware of all opportunities to engage with Task Groups and Rapid Scrutiny exercises.

2. That the Health Select Committee delegates to the Chair and Vice-Chair to report the above decisions to the next available meeting of the Overview and Scrutiny Management Committee.

3. That the Health Select Committee recommends to the Overview and Scrutiny Management Committee that a protocol for non-statutory Co-opted members be included with the relevant protocol for overview and scrutiny to offer clarity on the role of co-opted members, their appointment, and the expectations and support linked to it (draft included as Appendix 1).

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Background papers

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

[Adult social care policies and strategies - Wiltshire Council](#)

Appendices

Appendix 1 – DRAFT Protocol for non-statutory Co-opted Members to Overview and Scrutiny