Health and Adult Social Care Overview and Scrutiny Committee, 11 July 2022, Co-optees in Health Overview and Scrutiny



Committee and Date

Health and Adult Social Care Overview and Scrutiny Committee

11 July 2022

<u>Item</u>

Public

Co-optees in Health Overview and Scrutiny

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1. Synopsis

This paper sets out options and recommendations on the three permanent voting co-optee roles to the Joint HOSC who sit with the three members of the HASCOSC, representing Shropshire Council area communities. It also highlights options for non-voting co-optees on HASCOSC.

2. Executive Summary

- 2.1. With the significant changes to the NHS nationally and locally being brought about through the introduction of Integrated Care Systems, the opportunity is being taken to revisit the three permanent voting co-optee roles on the Joint Health Overview and Scrutiny Committee (Joint HOSC).
- 2.2. People in these roles are confirmed by the Health and Adult Social Care Overview and Scrutiny Committee (HASCOSC). The three permanent voting co-optee roles are split out against the following areas of focus:

Co-optee 1: HealthWatch Shropshire (reflecting the organisations role in identifying and bringing forward issues affecting Shropshire people and communities)

Co-optee 2: Patient representative (reflecting the role of overview and scrutiny in helping give communities, patients and citizens have their voice heard).

Co-optee 3: Clinical/professional knowledge and experience whether from the care sector, the health sector and/or NHS management.

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- 2.3. In order to identify the people to fill these roles it is recommended that expressions of interest are asked for that will inform the final choices, and the final agreement of the HASCOSC.
- 2.4. The Council's constitution also allows for HASCOSC (and the other overview and scrutiny committees) to appoint non-voting co-optees to help inform their work. These roles are different to the three permanent voting co-optees on the Joint HOSC, being time limited and can be related to a specific committee meeting, and particular agenda item, or a task and finish group. For the HASCOSC this provides the opportunity to bring people with lived experience into their work, hear from them and include them in their debate and development of recommendations.

3. Recommendations

- 3.1. To confirm the focus of the three different co-optee roles for the Joint HOSC.
- 3.2. To ask that expressions of interest are sought for the three co-optee roles on the Joint HOSC.
- 3.3. To identify opportunities from the work programme for non-voting co-optees to take part in the work of the HASCOSC, and confirm this approach should be taken.

REPORT

4. Risk Assessment and Opportunities Appraisal

- 4.1. The scope of the HASCOSC includes scrutinising services that are provided to and used by vulnerable people, whether they require adult social care services, and/or a patient using health services.
- 4.2. People with lived experience who might take part in the work of the HASCOSC as a non-voting co-optee might need to have their specific support and access needs taken into account. This will need to be addressed on a case-by-case basis for each person.
- 4.3. Using technology for people to join the meetings electronically may provide one solution. Having a forward work programme will enable sufficient planning, notice and access and support arrangements to be identified and put in place. It should be noted that those joining

meetings electronically cannot vote (if they have a vote) and would not contribute to the quorum.

5. Financial Implications

- 5.1. There should not be any additional financial implications related to this paper for the three permanent voting co-optees on the JHOSC, as these are existing roles.
- 5.2. There may be some new costs associated with travel and other related expenses for non-voting co-optees, if their involvement requires them to be physically present in meetings. These should be small, and the need to physically be in meetings could be mitigated through the use of technology.

6. Climate Change Appraisal

- 6.1. Filling the three existing permanent voting co-optee roles on the Joint HOSC should not increase the amount of travel that takes place to attend the meetings.
- 6.2. Where possible for the business of the HASCOSC and the suitability of the approach for the needs of non-voting co-optees, digital solutions that enable involvement will be used. This should help to reduce additional travel.

7. Background

- 7.1. The council's Constitution (Overview and Scrutiny Procedure rules section 3) identifies that time-limited non-voting co-optees can be used by Shropshire Council overview and scrutiny committees. Their purpose is to add value to the work of the committee through their knowledge and experience, informing the questions being asked, understanding what the data is showing, and shaping recommendations that will have an impact.
- 7.2. For the HASCOSC these non-voting roles provide an opportunity to involve people with lived experience in the consideration of the topics that committee are looking at. Their experience of the services they use or have used, and their wider experience about the things which impact on the quality of their life, should make the overview and scrutiny work undertaken and any recommendations that arise more holistic and impactful.
- 7.3. As the HASCOSC confirm their work programme the committee have the opportunity to identify where time-limited non-voting co-

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optees could have a role in the work. The earlier this identification takes place, the better the opportunity to ensure that the involvement is done in the right way, plans and approaches are put in place, and to the benefit of all.

- 7.4. The Joint HOSC with Telford and Wrekin Council looks at the services and issues that cover both local authority areas. This geography is often referred to as the 'system'. Membership of the Joint HOSC is split equally between the two authorities. Each have three Members from their respective Health Overview and Scrutiny Committee (in Shropshire this is the HASCOSC) and three permanent voting co-optees.
- 7.5. The NHS is going through significant changes with the introduction of Integrated Care Systems. The Shropshire Telford and Wrekin Integrated Care System covers the geography of the two authorities. This change offers the opportunity to look at the three permanent co-optee roles against the changes which will be taking place over the coming months and years.
- 7.6. The three co-optee roles are split out against the following areas of focus:

Co-optee 1: HealthWatch Shropshire (reflecting the organisations role in identifying and bringing forward issues affecting Shropshire people and communities)

Co-optee 2: Patient representative (reflecting the role of overview and scrutiny in helping give communities, patients and citizens have their voice heard).

Co-optee 3: Clinical/professional knowledge and experience whether from the care sector, the health sector and/or NHS management.

7.7. These have been set out to reflect the role of overview and scrutiny in providing the forum and opportunity for communities, patients and citizens to have their voice heard, and to bring wider knowledge and experience of the health and care sector, to inform and broaden the understanding of the committee.

8. Additional Information

8.1. It is recommended that to fill these roles expressions of interest should be requested. This approach should be transparent, and also provides the opportunity to be clear about what the roles involve, what people need to be aware of in terms of standards and behaviours, and where conflicts of interest can exist.

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8.2. Should the committee confirm the focus of three roles and to the approach outlined in paragraph 7.8, this work can get underway. The aim would be to bring the suggested co-optees back to the HASCOSC in the autumn for their agreement.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Shropshire Council Constitution Overview and Scrutiny Procedure Rules

Cabinet Member (Portfolio Holder)

Simon Jones

Local Member

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Appendices

[Please list the titles of Appendices]

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