



Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: Friday, 23 October 2015

**Committee:
Health and Adult Social Care Scrutiny Committee**

Date: Monday, 2 November 2015

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Adult Social Care Scrutiny Committee

Gerald Dakin (Chairman)

John Cadwallader (Vice Chairman)

Tracey Huffer

Heather Kidd

David Minnery

Pamela Moseley

Cecilia Motley

Peggy Mullock

Peter Nutting

Madge Shineton

Your Committee Officer is:

Amanda Holyoak Committee Officer

Tel: 01743 252718

Email: amandaholyoak@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

2 Disclosable Pecuniary Interests

3 Minutes of Previous Meeting (Pages 1 - 8)

To confirm the minutes of the meeting held on 22 July 2015, attached marked: 3

4 Public Question Time

To receive any questions, statements or petitions of which Members of the Council have given notice. Deadline for notification is 4.00 pm on Wednesday 28 October 2015.

5 Members Question Time

To receive any questions, statements or petitions of which Members of the Council have given notice. Deadline for notification is 4.00 pm on Wednesday 28 October 2015.

6 Adult Social Care Dashboard

To receive a report (**to follow**) presenting the dashboard of measures for the Adult Social Care New Operating Model identified by the Member Working Group of this Committee. The report will also include information on Complaints for Adult Social Care for Quarter 1 2015/16.

7 Correspondence from Shrewsbury and Telford Hospital Trust and Shropshire and Telford and Wrekin CCGs (Pages 9 - 10)

To consider a letter from Shrewsbury and Telford Hospital Trust and Shropshire and Telford and Wrekin CCGs regarding Future Fit, attached marked: 7

8 Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee - Terms of Reference (Pages 11 - 16)

To consider draft updated terms of reference attached and endorse the proposed changes, report attached marked: 8

9 Proposals for Committee Work Programme (Pages 17 - 18)

The Committee's current work programme is attached for comment, marked 7.
The Cabinet Forward Plan is available from the link below:

<http://shropshire.gov.uk/committee-services>

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SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 27 July 2015
10.00 - 11.50 am

Responsible Officer: Amanda Holyoak
Email: amandaholyoak@shropshire.gov.uk Tel: 01743 252718

Present

Councillor Gerald Dakin (Chairman)
Councillors John Cadwallader (Vice Chairman), Tracey Huffer, Heather Kidd,
Pamela Moseley, Peggy Mullock, Peter Nutting and Madge Shineton

11 Apologies for Absence and Substitutions

Apologies were received from Mr D Minnery and Mrs C Motley.

12 Disclosable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

The following members did not have a disclosable pecuniary interest but wished the following to be noted:

Mrs Shineton – Member of Independent Community and Health Concern
Mrs Huffer - worked at a doctors surgery where Keele University were based for its work on osteoarthritis (agenda item 7)
Mrs Kidd – her daughter worked at Robert Jones and Agnes Hunt Orthopaedic hospital (agenda item 7)

13 Minutes of Previous Meeting

The minutes of the meeting held on 29 June 2015 were confirmed as a correct record.

14 Public Question Time

A public question was received from Mrs M Cosh, Senior Citizens Forum, in relation to the Better Care Fund Reference Group, its objectives, the future of the Group and plans for improving joint working between NHS and Local Authority care. A response was tabled (a copy is attached to the signed minutes) and it was confirmed that the next meeting of the Reference Group would take place in the next week.

15 Member Question Time

A Member Question from Mrs T Huffer in relation to Ludlow Hospital was brought up at the end of the meeting.

16 Shared Lives and Community Living

The Chairman particularly welcomed Managers, Carers and service users from Midland Heart and Positive Steps, the Community Living and Shared Lives services.

The Head of Social Care, Efficiency and Improvement introduced the report before Members (a copy is attached to the signed minutes) and explained that these two accommodation services for adults with learning disabilities had previously been Council provided services. The Community Living Service transferred to Midland Heart and Shared Lives service to Positive Steps during summer 2014.

Community Living Service – Midland Heart

Members heard that Midland Heart customers received levels of support from a few hours a day, to overnight or up to 24 hour support. Services were currently focused on Shrewsbury and Oswestry based in supported accommodation. It had established an Excellence Panel and individuals had been helped to access a range of community activities. A designated Community Fund had been established to help support people on limited funds to achieve some of their aims, ambitions and aspirations.

Emma Main, Operations Manager, outlined the 'Mythbreaker' holidays which were open to all Midland Heart customers. The holidays provided groups of people who historically had not had contact with each other to meet and participate in adventure based activities. One of Midland Heart's customers present at the meeting reported how much he had enjoyed the holiday and had experienced horse riding, abseiling and a zip wire.

Another Midland Heart customer talked about how well his voluntary work was progressing and his carer reported on dramatic progress in his independence skills. His previous 15 hours of care had now dropped to just 5.

Members were pleased to hear such positive feedback directly from service users and carers. They went on to ask a number of questions including:

- If the service was likely to grow beyond Shrewsbury and Oswestry for Shropshire residents;
- how long it generally took for someone who had been used to day centre care used to independent activities;
- Whether there were targets within the Council for future delivery;
- Whether a physical building was needed to work from;
- How Midland Heart could increase its offer in Shropshire;
- Were there any issues accessing physiotherapists or occupation health services.

The Head of Social Care Efficiency and Improvement explained that Community Living service was based on where people lived in supported accommodation, of which there was a limited amount available in rural areas. She also explained that there were no targets set as the service had transferred as a whole in 2014 and the Council was responsible for commissioning services where they were required. Any future developments would be subject to a procurement process and Midland Heart did participate in that but it was a very competitive market.

The Operations Manager explained the market was competitive because a shared property could provide a care base which was easier to grow from. 110 hours of care made a good care base and would offer more efficiencies if a staff team were based in one location.

In response to a question from a Member for a particularly rural electoral division, she also explained that Midland Heart did not offer traditional domiciliary services. Visits would never be shorter than one hour which meant that lack of premises was not such an issue as for other services. However, having to travel long distances did impact on costs and time. The aim was to develop services which met people's needs and kept costs down. The Member for Cleobury Mortimer reported that a new medical centre had spare capacity in her electoral division.

Members noted that it could take up to eight weeks to access a physiotherapist, and there was often a long wait before a referral was even acknowledged. There could also be long waits for occupational health services and equipment. The Committee suggested that this was a potential area of attention for the Committee and the Director of Adult Social Care referred to acute shortages of physiotherapists which would need to be followed up in the first instance with the Community Trust and Clinical Commissioning Group.

Positive Steps - Shared Lives

A carer working for Positive Steps explained how he and his family had shared their home with two adults with learning difficulties for eight years. The transfer from the Council to Positive Steps had been fairly seamless, excellent support was always available by telephone or in person, and there were good working relationships. He congratulated the council on having faith in the local community, and the excellent support offered by Positive Steps.

He also stated that social workers now seemed less accessible and there were now restrictions on taking on additional service users for respite periods, as short term day services at the Mayfair Centre in Church Stretton were no longer available.

The Head of Social Care, Efficiency and Improvement, explained that there had been a significant number of recent changes to day care in the county. She confirmed that from October, the Mayfair Centre would be able to offer a temporary service again. The Director of Adult Social Care acknowledged the comment with regard to social workers and referred to work undertaken in considering how best to use them.

A member representing a particularly rural electoral division expressed her support for Shared Lives and Positive Steps. She referred to a service user in her electoral division who had been able to obtain a secure home in a community she was used to and become more active than she ever had been.

The Committee expressed admiration for the carers, and emphasised the need to recruit more. They asked what was being done about increasing capacity for future years and asked if it would be possible to see a map of care provided across the county. They also congratulated Positive Steps on using carers who had been frustrated that they were not being used before the handover.

Members were pleased to hear endorsement of the services from those who used them and wondered why there was little provision in the Shrewsbury area. Two carers had been taken on in the Shrewsbury area since the transfer and it was intended to actively recruit in the Shrewsbury area as well as Market Drayton and Whitchurch. Members noted that the matching process was very detailed, and if the match did not appear to be right, then a pairing would not be made, even if the carer was located in the right geographical area for a service user.

Alison Glover and Diane Phillips from Positive Steps reported on intended promotional activity. Leaflets were to be circulated via GP Surgeries, Radio Shropshire was to be utilised as well as talks given at Business events and WI groups. A Member pointed out that many Shropshire patients were registered at Welsh GP surgeries close to the border and asked that leaflet distribution covered these practices.

A member asked about financial and contractual arrangements around the service and noted that the procurement exercise included evaluation criteria with weightings for both quality and price. Bids were competitive and the evaluation process was detailed. The contract period was five years with a possibility to extend for another two years.

Members also asked about demand and whether Council finances were constraining the service. The Director of Adult Social Care explained that both Positive Steps and Midland Heart provided good examples of better outcomes whilst spending less money than would be required by some of the traditional models of adult social care such as residential care. The law did not allow the council to turn anyone down if their needs met the eligibility criteria and Shared Lives offered a good quality, cost effective model.

In response to questions the Director referred to the significant overspend in Adult Social Care in the last year and Quarter 1 pressure from three areas: service users known to the Council but needing a change to care packages; self funders who were now at the threshold; and those coming out of hospital following an accident or illness with complex needs and who were new to the service.

It was hoped that expansion of Shared Lives would involve supporting more older people in local communities in addition to those with learning disabilities. However, older people tended to have a higher level of need and could be harder to place as some accommodation was not suitable and downstairs rooms with ensuite facilities were usually needed.

Shared Lives carers applauded the plans for expansion. However there had been just a 1% pay rise over the last 8 years and it would be important to bear this in mind for future expansion plans and not push good will too far as the cost of living changed over time.

In conclusion, the Committee felt that:

- the developments had been very successful in terms of outcomes for service users and were well placed to progress and expand. This would be essential to meet increasing demand on social care.
- It would be important to continue to monitor and track progress on a regular basis.

- It would be useful to gain greater understanding of geographic areas of provision through visual presentation using maps.
- it wished to encourage expansion of services to also cover mental health and older service users
- Recruitment of new Shared Lives Carers could be promoted to Parish and Town Councils through the Shropshire Association of Local Councils and also through the Local Joint Committees

The Committee expressed its appreciation to the Positive Steps and Midland Heart managers, service users, customers and carers for attending the meeting and sharing their views and experiences.

17 Orthopaedic Surgery in Shropshire

Dr Julie Davies, Director Strategy and Service Redesign, Shropshire Clinical Commissioning Group, introduced the paper before members and gave a presentation on the CCG's proposals to change the pathway for patient referrals for hip and knee replacement surgery. (a copy of the report and presentation are attached to the signed minutes) She explained:

- the context for the proposals;
- benchmarking information – which showed the CCG was an outlier in spend compared to other similar CCGs;
- The case for change and reducing the variation in procedure rates;
- The details of the proposal;
and
- plans for further patient and public engagement.

In considering the information presented to them, the Committee commented, asked questions and raised issues relating to:

- The availability of alternative options, such as physiotherapy, as it was understood there was a shortage of physiotherapists in Shropshire;
- The need to recognise that Shropshire had more agricultural and forestry workers and therefore the figure for hip and knee replacements should be expected to be higher;
- Whether cancellations of scheduled operations, including at hospitals outside of the county, contributed to pressure at Shropshire's hospitals;
- Whether putting an operation off until later might increase the clinical risks, as a patient would have aged in that time;
- Whether peer CCGs used a similar cut off score
- Information about the review carried out in 2014
- Whether hip and knee surgery being seen as routine was an issue
- The potential impact of the move in Worcestershire to carry out all orthopaedic surgery at the Royal Alexandra Hospital in Redditch

In response, Dr Davies reassured Members that comparisons had been made with comparative CCGs in terms of work and ethnic mix, age, deprivation and rurality.

She acknowledged the challenge around provision of physiotherapists which would need to be factored into any decision made. A complete physiotherapy review was planned to help balance and ensure resources were in the right place.

She reported that some peer CCGs had adopted similar scores although others did not use the same scale. If the CCG did decide to change the threshold, it would be kept under review on an annual basis. Members noted that there would always be clinical exceptions to the scoring procedure.

In terms of cancellations of scheduled surgery, this was constantly under consideration and a booking and scheduling review under way. However, this was not a particular issue at Robert Jones and Agnes Hunt hospital as it did not deal with emergency cases.

Dr Davies confirmed that hip and knee surgery was viewed as being fairly routine. However, it did involve risks and she acknowledged that these risks could increase as patients got older. The Director of Public Health reported that in general, the less surgery people had, the better they were. He also highlighted that delaying initial surgery meant less chance of replaced joints wearing out. Research conducted by the University of Birmingham on ageing in conjunction with clinicians had demonstrated the disadvantages of surgical intervention unless it was really needed.

Dr Davies also emphasised that proposals were not just about saving money but about best use of resources to ensure the best care overall for Shropshire patients. The proposals needed consideration as part of efforts to ensure the whole health care system of patient care would be sustainable for the future.

Members commented on the good quality of the analysis within the paper and the work undertaken on maximising use of alternative action against surgery, such as the pilot work on osteoarthritis delivered by the University of Keele and Arthritis Research UK in the south of the county. The Committee felt that taking a position to wait until the optimum point for getting the best outcomes from surgery was the right thing to do. It was hoped that if the right balance was achieved through conservative management that the need for a scoring threshold may no longer be needed.

The Committee went on to ask about plans for public engagement and stressed the need for the public to be helped to understand the potential change.

Mathew James, Head of Governance and Involvement, explained plans for advertising the proposals which would involve utilising the Association of Local Councils, Healthwatch, local Patient Groups, the Voluntary and Community Sector and local newspaper. He welcomed any further suggestions for accessing networks and the Committee suggested that Mrs Cosh, Senior Citizens Forum, be asked to help this. A series of listening workshops was also planned across the county, to allow discussion of the proposals and gain people's views.

The Healthwatch representative confirmed that Healthwatch was happy to be involved with targeted engagement activity, and if the change did take place could also monitor activity and responses to it. She also welcomed plans for better primary care management which fit in well with the Community Fit part of Future Fit.

In conclusion, the Committee agreed that the proposal for a more conservative management pathway for patients accessing hip and knee replacement surgery in Shropshire was an appropriate way forward, and emphasised the need for any changes to be kept under careful review.

18 Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee - Terms of Reference

The Committee noted that this item would be presented at the September meeting.

19 Proposals for Committee Work Programme

The Committee received the proposed work programme.

20 Member Question Time – Ludlow Hospital

Councillor Tracey Huffer expressed concern that a ward had been shut at Ludlow hospital with just a week’s notice and without any consultation. Concerns had been raised with her about who had made the decision, the rationale behind it, whether it would be permanent, why there had not been any consultation and whether it would threaten the sustainability of Ludlow Hospital. She was also concerned that the closure would lead to single sex wards and that the ability to meet winter pressures would be compromised.

It was agreed that the Chairman would write to Shropshire Community Health Trust on behalf of the Committee seeking clarification of the rationale for the changes and how they would impact on local service provision.

Signed (Chairman)

Date:

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From: Osborne Adrian (Communications Director) [mailto:Adrian.Osborne@sath.nhs.uk]
Sent: 20 October 2015 10:48
To: fiona.bottrill@telford.gov.uk; andy.burford@telford.gov.uk; Gerald Dakin <gerald.dakin@shropshire.gov.uk>; Amanda Holyoak <amanda.holyoak@shropshire.gov.uk>
Cc: Osborne Adrian (Communications Director) <Adrian.Osborne@sath.nhs.uk>
Subject: Letter from Simon Wright, Brigid Stacey and David Evans

STARTS

Dear Colleagues

We are writing to confirm that there are categorically no plans in place to close an A&E department as part of our winter planning.

It is clear that there has been a great deal of misunderstanding around local A&E departments and their future. We would like to take this opportunity to clarify the current position and the next steps.

Let's first remind ourselves why we set out on the NHS Future Fit journey to begin with. Firstly, in common with NHS organisations up and down the country, we face immense challenges in recruiting the skilled medical staff needed for the vital and highly skilled work that takes place in A&E departments and the other hospital teams that work alongside them.

Secondly, we must ensure that our plans for health and care meet the changing needs of our patients and communities, particularly as many of us are living longer with long term conditions.

Thirdly, every day it becomes more and more challenging to maintain services in their current configuration. Clinicians working together in the NHS Future Fit programme agree that the best and safest way to keep vital services in the county for the most life-threatening illnesses and injuries is through a network of urgent care centres supporting a single emergency centre. This would maintain high quality local urgent care services whilst bringing together skilled doctors, nurses, therapists, scientists and much more besides, to give all of us the best life chances following major injuries or serious illness. The need for change has always been driven by our goal to provide the best possible care and outcomes for our patients.

A lot of great work has been done through NHS Future Fit; this along with the process ahead will ensure the public voice alongside detailed clinical appraisal is giving us the best insights and views on which to base a firm and lasting decision.

One thing is certain – the need for a network of urgent care centres supported by a single emergency centre remains. We must find a solution to this problem that preceded the NHS Future Fit programme and has beset our communities for decades.

We all want to deliver the solution in a planned way, rather than having to put in place

contingency measures in response to safety concerns. It is categorically not the case that there is a plan in place to close an A&E department as part of our winter planning. It is clear, however, that this debate must continue. The NHS Future Fit programme began more than two years ago with the 'Call to Action', which was launched because of the challenges we faced then, and still face, locally. Every day we are managing those challenges and everything we do is focused on making improvements in a planned way, rather than having to respond in a crisis.

What happens next must be driven by our shared goals of delivering the best services and outcomes for all of our patients and communities. We have got to be realistic about where we are. The challenges we face are real – every day doctors, nurses and the managers who support them are working hard to deliver great care in way that simply isn't fit for the future.

We want to be in a position within months, not years, to make a decision on the future of emergency and urgent care services based on wide-spread public consultation. The way we do this must recognise the needs and challenges of all of our communities, from rural isolation to urban deprivation.

We are working together to complete the programme of work identified at the NHS Future Fit Programme Board, with public consultation taking place during 2016. This means that we can soon be clear on a definitive way forward, which in turn will allow us to deliver the future both quickly and safely for all our patients and communities across Shropshire, Telford & Wrekin and mid Wales.

We will be sharing more detail before the end of October about how this work will be taken forward. In the meantime we look forward to continuing to work with you to create the shape of health and care for future generations.

Yours sincerely

Simon Wright
Chief Executive, The Shrewsbury and Telford Hospital NHS Trust

David Evans
Chief Officer, Telford & Wrekin CCG

Brigid Stacey
Acting Accountable Officer, Shropshire CCG

ENDS



Committee and Date
Health and Adult Social Care
Scrutiny Committee

2 November 2015

10.00 am

Item
8

Public

SHROPSHIRE AND TELFORD AND WREKIN JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE- TERMS OF REFERENCE UPDATE

Responsible Officer:

e-mail: tom.dodds@shropshire.gov.uk Tel: 01743 252011
Statutory Scrutiny Officer

1. Summary

To update the terms of reference of the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee in light of Health Scrutiny Guidance published by the Department of Health in 2014.

2. Recommendations

The Committee are asked to endorse the draft terms of reference attached as Appendix 1.

REPORT

3. Risk Assessment and Opportunities Appraisal

Rules and procedures covering the Council's public health scrutiny responsibilities are set out in the Local Government Act 1972 as amended (section 101), the National Health Act 2006 (as amended by the Health and Social Care Act 2012) and most recently The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The legislative provisions allow for a local authority to choose how the public health scrutiny function is undertaken; a local authority can choose to discharge its functions through its own overview and scrutiny committee, that of another authority or through a joint overview and scrutiny committee with one or more other authorities.

The proposal in this report is compliant with the regulatory requirements.

4. Financial Implications

The adoption of the revised terms of reference in and of itself does not give rise to any financial implications. Reference in the report to the power to refer matters to the secretary of state, which if agreed would remain with the Council, is an action which has the potential to give rise to future costs should these powers be used.

5. Background

The Joint Health Overview and Scrutiny Committee with Telford and Wrekin Council has worked effectively for a number of years. The proposed changes are not required by legislation but the current terms of reference are not compliant with the new guidance issued by the Department of Health, and the proposed updates have regard to this guidance

6. Additional Information

The Health and Social Care Act 2012 made a number of changes to health scrutiny arrangements. The Health Scrutiny Guidance published in 2014 provided greater detail on the specific powers of delegation and it is therefore necessary to update the terms of reference for the Joint Health Overview and Scrutiny Committee.

The draft terms of reference attached have been updated to clarify that both local authorities will agree to delegate scrutiny of pan-Shropshire health issues to the Joint HOSC, but that the power of referral to the Secretary of State has not been delegated to the Joint HOSC. While the Joint HOSC will consider the proposed changes and respond to a consultation, the power to refer any contested proposals remains with the individual authorities.

5.2 The proposed changes to the Joint HOSC Terms of Reference require changes to the Council Constitution and will be considered through the appropriate process within each local authority. It is proposed that if endorsed by the Health and Adult Social Care Committee that Group Leaders be consulted on the proposals and if they are in agreement with them, then a report be made to Council on 17 December 2015 recommending the changes. If the Group Leaders are not in agreement with the changes, the proposals will need to be considered by the Political Structures Monitoring Group before a recommendation is made to Council. The changes have already been endorsed by the Telford and Wrekin Health and Adult Social Care Scrutiny Committee and Joint Health Overview and Scrutiny Committee.

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p> <p>Department of Health Guidance June 2014: Local Authority Health Scrutiny. Guidance to support local authorities and their partners to deliver health scrutiny.</p>
<p>Cabinet Member (Portfolio Holder) Karen Calder</p>
<p>Local Member All</p>
<p>Appendices Appendix 1 - Draft Updated Terms of Reference</p>

DRAFT SHROPSHIRE AND TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE

Purpose

To act as a discretionary Joint Health Overview and Scrutiny Committee (Joint HOSC) to jointly consider and scrutinise where necessary, all Health and Healthcare related topics which affect the areas of Telford and Wrekin Council and Shropshire Council including matters referred by Telford and Wrekin and Shropshire Healthwatch.-

To meet when proposed changes to services are identified to confirm if the Committee will undertake the role of the Committee as a mandatory Joint HOSC and statutory consultee in relation to NHS proposals for a substantial variation or development in service. whether formal statutory consultation would be necessary.

To actively research any statutory consultation and respond in line with Health Scrutiny Regulations and the Department of Health Guidance on Health Scrutiny (2014) actively research and respond to any formal consultation within the agreed consultation period, usually the statutory 12 weeks period.

Powers of the Joint Health Overview and Scrutiny Committee

The Joint Health Overview and Scrutiny Committee exercises the powers of both a discretionary and a mandatory Joint HOSC, as set out in the Health and Social Care Act (2001) consolidated in the NHS Act (2006) and amended by the Localism Act 2011 and the Health and Social Care Act 2012, to review any matter relating to the planning, provision and operation of health services across the local authority areas. Both Telford and Wrekin Local Authority and Shropshire Council Local Authority have delegated the health scrutiny power to the Joint HOSC for pan Shropshire health matters. When the NHS make a proposals for a substantial variation or development of service the Joint HOSC will be the only Scrutiny Committee which will:

- Respond to the consultation
- Exercise the power to require the provision of information by relevant NHS body or health service provider
- Require members or employees of relevant NHS bodies or health service provider to attend before it to answer questions in connection with the consultation.

However, both local authorities have retained the power of referral as set out in the Councils' Constitutions. Any referral of proposed substantial change or variation in service to the Secretary of State will be made in line with Health Scrutiny Regulations and the Department of Health Guidance.

The roles and responsibilities of the Joint HOSC, commissioners and providers of NHS and Local Authority public health services is set out in the Department of Health Guidance, Guidance to support Local Authorities and their partners to deliver effective health scrutiny (2014)

Membership of the Joint Health Overview and Scrutiny Committee

There will be three elected members from each local authority.

APPENDIX 1

There will be three co-opted members from each local authority area who are independent of the relevant Council.

The Co-opted Members of the Committee have voting rights as determined by full council at both authorities. Copies of the voting schedules are attached.

Executive Members for Health and Social Care and Health and Wellbeing Board Chairs issues may attend the meeting at the Chair's discretion in a non voting capacity.

Chairing Arrangements

Meetings alternate between the Council areas. The appropriate Chair will take the lead for meetings in their Local Authority Area.

Chairs' Casting Vote

The Chair will not use their casting vote due to the alternating venue.

Political Balance

Political balance applies to this Committee. The political balance applies to each participating authority.

Administration

In line with the Department of Health Guidance ~~Telford and Wrekin Council and Shropshire County council will share the cost and resource implications of supporting the Joint Health Overview and Scrutiny Committee~~ the support for the Joint HOSC will be made available by the local health and social care system to enable the powers and duties associated with the function to be exercised appropriately. Meetings will alternate between local authorities. Each council will take the lead in arranging venues and co-ordinating agendas with organisations and individuals invited to present reports or papers or give evidence, for the meetings taking place in their Local Authority Area. The agenda will be agreed by both Health Scrutiny Chairs ~~at an agenda setting meeting about 10 working days before the Joint Committee meeting.~~ Papers and presentations will be considered during this meeting to establish running order and specific instructions to those attending.

Pre-meetings will be at the Chair's discretion, to be attended either by the Chairs' alone or for members of the whole joint Health Overview and Scrutiny Committee.

Additional Support

Each local authority will identify an agreed resource which it can provide to support the work of the Joint Committee. This may be officer time and/or a financial contribution to cover the costs of any specialist advice.

Frequency of Meetings

To be detailed in the Joint Committee Work Programme.

Quorum

One third of the membership of the committee. At least 2 elected members must be present including 1 from each authority. There must be 2 representatives from each authority including co-optees.

Ways of Working

Under the Department of Health Guidance (201403) the Joint Health Scrutiny committee must:

~~Represent the interests of the population that receives services provided by or commissioned by the NHS body~~

Strengthen the voice of local people, ensuring that their needs and experienced are considered as an integral part of the commissioning and delivery of health services and that those services are safe and effective.

Operate in a way that will lead to rigorous and objective scrutiny of the issues under review and carried out in a transparent manner that will boost the confidence of local people in health scrutiny. -

In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operated and should therefore take into account the effect of the proposals on sustainability of services as well as their quality and safety.

The Joint Committee will hold formal meetings, and will undertake visits – which as far as possible will involve representatives from both authorities. Each authority will be able to lead and undertake individual pieces of work. The Joint Committee may also hold meetings with relevant representatives and officers outside of the main scrutiny forum such as focus groups, public meetings and consultation with relevant patient/service user groups.

Reports

Wherever possible all reports will present joint evidence based conclusions and recommendations. However, where differences exist reports will be able to ⁶⁵ include sections setting out evidence based conclusions and recommendations reflecting the different views within the joint committee.

Review of Terms of Reference

Annually or as required when issues arise for joint scrutiny.

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**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE 27 JULY 2015
PROPOSED WORK PROGRAMME AS AT OCTOBER 2015**

DATE	ITEM	REASON FOR UNDERTAKING
14 December 2015 Deadline for reports: <u>Noon</u> Thurs 3 Dec	Integrated Community Services Adult Social Care Local Account – 2014 to 2015	To assess the success of ICS across the county (<i>poss move to Feb March?</i>) To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement.
8 February 2016 Deadline for reports: <u>Noon</u> Thurs 28 Jan 16		
21 March 2016 Deadline for reports: <u>Noon</u> Thurs 10 March 16		

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Future Information Requests / Potential Items for the Work Programme:

- Annual Safeguarding report
- The Health and Wellbeing Board has asked the Committee to look into measuring the outcomes of the ‘Year of Physical Activity’ launched in April 2015 – to be added to the Work Programme in 2016
- Annual Report of the Director of Public Health
- Monitoring of new burdens and implications of implementation of Care Bill – ongoing into 2016
- Availability of physiotherapy and occupational health services

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE 27 JULY 2015
PROPOSED WORK PROGRAMME AS AT OCTOBER 2015

- The Forward Plan is available from : <http://shropshire.gov.uk/committee-services/mgListPlans.aspx?RPId=130&RD=0>