

 Overview & Scrutiny Committee – 15 April 2014		Agenda Item No. 11
Title	Scrutinising Health Issues at Warwick DC – Recommendations from the Health Scrutiny Working Group	
For further information about this report please contact	Councillor Mrs Falp – Chairman of the Health Scrutiny Working Party and Lesley Dury – Committee Services Officer	
Wards of the District directly affected	All	
Is the report private and confidential and not for publication by virtue of a paragraph of schedule 12A of the Local Government Act 1972, following the Local Government (Access to Information) (Variation) Order 2006?	No	
Date and meeting when issue was last considered and relevant minute number		
Background Papers		

Contrary to the policy framework:	No
Contrary to the budgetary framework:	No
Key Decision?	No
Included within the Forward Plan? (If yes include reference number)	No
Equality and Sustainability Impact Assessment Undertaken	No
This report makes recommendations on the process for the Council to scrutinise health issues, and does not discuss the actual health issues which would require such an assessment.	

Officer/Councillor Approval		
Officer Approval	Date	Name
Chief Executive/Deputy Chief Executive	7/4/14	Chris Elliott
Head of Service	2/4/14	Richard Hall
CMT		
Section 151 Officer	7/4/14	Mike Snow
Monitoring Officer	8/4/14	Andrew Jones
Finance	3/4/14	Jenny Clayton
Portfolio Holder(s)	7/4/14	Councillor Coker
Consultation & Community Engagement		
The Working Group has consulted with CMT, the Democratic Services Manager and the Portfolio Holder for Health & Community Protection is a member of the Working Group. The Head of Service for Health & Community Protection has attended all Working Group meetings.		
Final Decision?	Yes	
Suggested next steps (if not final decision please set out below)		

1. **SUMMARY**

- 1.1 In April 2013, the Overview and Scrutiny Committee set up a Working Party tasked with recommending to the Committee the way health scrutiny should be dealt with at Warwick District Council. This report presents the work the Working Group has undertaken and its recommendations and seeks a decision from the Overview and Scrutiny Committee on this.

2. **RECOMMENDATION**

- 2.1 That health scrutiny be dealt with by a sub-committee of the Overview and Scrutiny Committee consisting of at least four members of the Overview and Scrutiny Committee.
- 2.2 That the membership of the sub-committee and delegated powers be determined by the Overview and Scrutiny Committee at the first meeting of the 2014/2015 municipal year.
- 2.3 That the terms of reference of the sub-committee be framed by the Council's Health and Wellbeing Strategy, viz
- promoting Health & Wellbeing in its community.
 - promoting Health & Wellbeing in its workforce.
 - As a scrutiny body for the local activities and performance of NHS bodies located within the District of Warwick and in other areas of Warwickshire, in liaison with and the County Adult Health & Social Care Overview and Scrutiny Committee.
- 2.4 That in order to assist the sub-committee in its scrutiny arrangements, the powers will include the capability of inviting individuals and organisations to present evidence on particular health issues. Every meeting agenda will make provision for the involvement of the Voluntary Sector, and of Public Health Warwickshire, representatives of which will be called upon to attend and to speak.
- 2.5 That the sub-committee be provided support from Committee Services for constitutional and administrative support.
- 2.6 That the way health scrutiny is handled by the sub-committee and Overview and Scrutiny Committee be reviewed in March 2015 to see if it is working efficiently or if an alternative option should be considered with the formation of the newly elected Council in May 2015.

3. **REASONS FOR THE RECOMMENDATION**

- 3.1 The Working Group felt that the following was immediately required for effective health scrutiny:
- Councillors needed to learn about how health scrutiny would operate top down, from the County Council level, through to the District Council. The Working Group members had been able to assimilate this information after a couple of pertinent meetings with expert advisers and this had been easily managed because the Working

Group consisted of five members, so it had not been difficult to find convenient dates in people's diaries. In this case, a rapid learning curve had been achieved on the basis that a small group of people was far more flexible and responsive than a larger number of people.

- That any vehicle the Council decided upon for health scrutiny, would require decision making authority so that recommendations it made carried weight with the Executive. A sub-committee structure allows some decision making authority and also in the absence of decision making authority, any recommendation is referred to the parent committee, in this case, the Overview and Scrutiny Committee.
- A sub-committee meets in public and so is transparent with published agendas, reports and minutes.
- A sub-committee structure is provided officer support by Committee Services staff (not necessarily guaranteed in the case of a Working Group). The Working Group felt that this was essential to avoid the pitfalls experienced under the previous and now dissolved Health Forum structure.
- It was felt that in the short-term, the sub-committee structure was the best vehicle for health scrutiny; but it was also felt that as the Council adopted a more proactive approach to considering health issues with any of its decisions, in time, a committee structure might become more appropriate. To this end, it was felt that a review of whether the sub-committee was still appropriate should be held shortly prior to the municipal elections in May 2015. This would ensure that when the newly formed council constituted its committees, if a committee structure was felt to be a better approach, it could be done and Groups could ensure that councillors particularly interested in health issues could form part of the membership of the committee. Equally if a sub-committee was still considered to be the right approach, Groups could ensure that interested councillors sat on the Overview and Scrutiny Committee.
- A sub-committee is a more responsive vehicle than a committee structure. It is easier to call additional meetings than it is for committee meetings.

- 3.2 The Working Group acknowledge that the disadvantage of the sub-committee approach within the current Overview and Scrutiny Committee structure is that there may not be sufficient members of the Committee with a particular interest in health issues to form a cross-party sub-committee. However, to balance this, a sub-committee can co-opt other councillors who do have particular interest in health issues from whatever political affiliation to advise at the meetings, although these councillors will not have voting rights. Additionally, the sub-committee's membership will only be valid through the 2014/2015 municipal year, at which point councillors with a particular interest in health issues can lobby their Group to either sit on the Overview and Scrutiny Committee or a Health Scrutiny Committee if that route is followed.

4. **POLICY FRAMEWORK**

- 4.1 **Policy Framework** – The report does not impact on the Policy Framework.

4.2 **Fit for the Future**

Health scrutiny will ensure that in every decision the Council takes and within all the services it operates, health is a key consideration which can only bring

benefit to the residents of the District and the Council's staff. Fit for the Future focusses on "Service, People and Money" and health is fundamental to all of these.

One of the Council's Sustainable Community Strategy's five main themes is 'to enable and encourage the people of Warwick District to have an equal access to a healthy life and sense of wellbeing, ensuring that our actions are aligned with the Warwickshire Health & Wellbeing Board's Strategy'. The creation of a Health Scrutiny sub-committee will enable this aim and the priorities and actions arising out of it, to be monitored.

5. BUDGETARY FRAMEWORK

- 5.1 The report does not impact upon the budgetary framework.
- 5.2 Councillors can claim travel expenses for attending meetings and meetings themselves can involve expense which is currently controlled within the budget held by Democratic Services.

6. RISKS

- 6.1 The main risk associated with health scrutiny is that if the Council does not handle it effectively, it will get left behind by the other organisations involved in the process and it will not ensure that its residents and staff benefit from the process. Ensuring that health is put near or at the top of any decision the Council makes will help to save money in the long run as the public will have more access to the services on hand and will help to ensure councillors and officers will know where to point people who require help on a health issue.

7. ALTERNATIVE OPTION(S) CONSIDERED

- 7.1 A Health Scrutiny Committee

Assumption: A Health Scrutiny Committee would have equal standing to any other Scrutiny Committee. It would meet prior to a meeting of the Executive to discuss reports going to the Executive and make its recommendations and comments to be taken into account before any decision taken by the Executive.

Constitutional Requirement: A Committee requires at least 11 members and also substitute members.

The Working Group questioned whether in the last year of this council, councillors would be prepared to accept the additional commitment of sitting on another committee. The committee would operate in the same way as the other two sitting scrutiny committees and would be required to meet prior to a meeting of the Executive. This presented practical issues within Committee Services to provide support as currently there are insufficient committee services staff to do this. The current process of publishing agendas and reports prior to any committee meeting is time consuming and relies heavily on the postal service to deliver the required paperwork. This means that practically, under current arrangements, the meeting of the Health Scrutiny Committee would have to take place on the same night as the other scrutiny committees to give councillors sufficient time to study the reports. The move towards a paperless process should give additional flexibility in the future. Additionally, report authors would possibly be required to attend three scrutiny committees.

The Working Group felt that councillors handling health scrutiny would require training and it would be required that all members of the committee and the substitute members would need to undertake this training before they could properly contribute to discussions and decisions. It was felt that it was more appropriate that a small group of councillors forge the path in the first instance to find out what worked and this knowledge could then be passed on.

The Working Group considered that a committee approach in the first instance was not a flexible enough approach for learning a new area of council responsibility and it recognised that the last year of this council might not be the most appropriate time to ask councillors to take on yet another major commitment. It was also considered that the administration required to operate a committee system would put tremendous pressure on staff within Committee Services to staff three major committees on the same evening, plus a further meeting of the Executive on the following evening. There was potential for more choice once the Council moved towards a paperless process. Additionally, report authors could potentially be called upon to attend three scrutiny meetings on the same evening.

7.2 Health Scrutiny to form part of the Overview and Scrutiny Work Plan

The Working Group felt that whilst health scrutiny was new to the Council, trying to ensure that all 15 members of the O & S Committee and substitute members were given sufficient training would be difficult and that not all members of O & S would wish to take on this additional training if their particular focus was not primarily health.

It was also felt that simply making health part of the O & S Work Plan would not give health sufficient standing and it might get small consideration at meetings where there was a very full agenda.

7.3 A Working Group

The Working Group approach has proved to be a very flexible vehicle to quickly learn what is involved with health issues and the way it will be handled by the County Council and other health bodies. The Health Scrutiny Working Group at first favoured this approach but it came across issues that meant the Group discounted this approach; these were:

- no transparency to the general public because there is no requirement to issue agendas or minutes or to hold meetings in public;
- no delegated authority – a Working Group has no delegated authority which means that recommendations it makes can be overlooked without proper evaluation/consideration. This lack of delegated authority could have the effect of devaluing health as a major concern of the Council in all of its decisions;
- no delegated authority means that all decisions have to be taken by Overview and Scrutiny Committee which means training for all members of the Committee and the substitutes and a steep learning curve. It also means that decisions will have to wait until the Committee meets so reduced flexibility;
- a Working Group has no automatic right to any support from Committee Services staff which devalues its importance; and
- no substitute members.

7.4 A Task and Finish Group

A Task and Finish Group would mean that councillors with a particular issue in health matters could take part, but again there were concerns that a Task and Finish Group would have no delegated decision making powers and that this might give an impression of insufficient importance. The Group also felt that a Task and Finish Group should work on a specific issue with a given end date and not have a "rolling" mandate. Similar issues apply to a Task and Finish Group as a Working Group except a Task and Finish Group is provided with support from a Committee Services Officer.

8. **BACKGROUND**

- 8.1 In December 2012, the Executive considered a report about how it would implement health scrutiny in the Council. It resolved that this should be handled by a sub-committee of Overview and Scrutiny. In March 2013, the Committee discussed the decision made by the Executive, but the Committee expressed concerns on how this could be implemented because of the constitutional constraints within the membership of a sub-committee and because the Committee was unsure about how delegated authority would work. It was agreed that the Deputy Chief Executive (AJ) would present a report to the Committee in April 2013. At the April meeting, the Overview and Scrutiny Committee resolved to form a Working Party to investigate the best way to handle health scrutiny in the Council. The Committee gave the Working Party a list of items on which it required guidance (see Appendix 1 for the list of items on which the Committee required guidance, together with what the Group has achieved or is working towards).
- 8.2 Five councillors (cross-party) were appointed to the Working Party, Councillors Coker, Mrs Falp, Mrs Knight, Weber and Wreford-Bush. The Head of Health and Community Protection and the Health and Wellbeing Lead provided advice and guidance to the Working Group and a Committee Services Officer was allocated to provide constitutional and administrative support.
- 8.3 The Working Group held its first meeting in August 2013, at which Councillor Mrs Falp was appointed Chairman of the Working Group. Copies of notes taken at this and subsequent meetings the Working Group held are attached at Appendix 2.
- 8.4 During the course of the Working Group's work, Councillors Caborn, Kinson and Copping were asked to attend the Group's meetings because of their involvement in health issues at the County Council and/or knowledge of health issues within the District.
- 8.5 The Group started its investigations without much insight on how health scrutiny would feed through to District councils from County level. The structure and how each of the many organisations involved was unclear and confusing. To this end, the Group invited various guest speakers to its meetings and also attended events organised by the County Council where other representatives involved in health scrutiny were present. The Group gradually built up knowledge of where the District Council's involvement lay and what each component organisation was responsible for. In tandem with this, the Health and Wellbeing Lead was tasked with recommending to the Executive the health strategy for the Council and District, and he gave a presentation of the "vision" to the Group.

8.6 Guest speakers who attended one of the Group's meetings were:

- Ann Mawdsley, the main officer responsible for Health Scrutiny at Warwickshire County Council. She informed the Group of work undertaken so far by the County on scrutinising health services and what activity the District Council would be involved with and where it could influence.
- Anna Burns, Director of Strategy and Engagement, NHS South Warwickshire CCG. She gave the Group a talk on the history of how the South Warwickshire CCG had formed, what it was and what it did.
- Dr John Linnane, Director of Public Health Warwickshire – Communities Group. He explained the remit of the County Council and how he hoped district councils would feed into the process.

8.7 Group members attended a Health event at the County Council in September 2013 at which various representatives from health organisations gave presentations on their respective roles and at which the Group members had a valuable opportunity to network. Some of the Group also attended a further event in December 2013 at the County Council which was a joint meeting on public health for Districts and Councils.

**Health Scrutiny Working Party
Terms of Reference**

<u>Requirement</u>	<u>Progress</u>
<p>To provide guidance to Overview and Scrutiny Committee on the following:</p> <ol style="list-style-type: none"> 1. Training/briefing on the requirements of the protocol, public health and the current position. <ol style="list-style-type: none"> a. The Working Party should recommend how this will be provided and by whom, for example Ann Mawdsley might be able to do this with support from Richard Hall. b. The Working Party should recommend when this will be provided, for example, should this be outside a normal scheduled meeting of the O & S Committee. 2. Understanding of how Warwick District Council considers health implications within its decision making at present and any changes which may need to be made. 3. Understanding of the lead health role that Warwick District Council provides in specific areas (this is possibly outlined in the Health and Wellbeing Delivery Plan). 4. Understanding of current Warwick District Council lead health projects currently in operation. 5. Define a working relationship with the O & S Committee about what its role is expected to be, for example, is it a sounding board (like a Task and Finish Group) where they produce recommendations for O & S to consider and adopt; or should they be taking the final decision. 6. Organising a presentation from the Quality Care Council to all Councillors and considering how this would fit into the overall considerations of health by the 	<p>In progress. Dr Linnane, Director of Public Health has been invited to address all councillors in August. (Two previous attempts to organise this have been thwarted by other priorities.)</p> <p>The Council’s Health Strategy will be presented to the Executive. This has been written by the Health & Wellbeing Lead, Rob Chapleo.</p> <p>See above.</p> <p>See above</p> <p>Recommendations in this report and Constitution rules governing sub-committees.</p> <p>None.</p>

<p>Council.</p> <p>7. How we appoint to, and who we appoint to:</p> <ul style="list-style-type: none"> a. The Health O & S Committee at Warwickshire County Council b. Our Health Advocate <p>8. How the Council representative at the County Council would link into this Council's Health Scrutiny.</p>	<p>Part of the process for appointments to Outside Bodies.</p> <p>Recommendations in this report to co-opt interested parties onto the sub-committee.</p>
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Notes from the meeting of the Health Scrutiny Working Group
5 August 2013, Town Hall

Present:

Councillors Coker, Mrs Falp, Mrs Knight, Weber and Wreford-Bush

Officers: Richard Hall, Ann Mawdsley and Lesley Dury

1. Election of Chairman
Councillor Mrs Falp was elected Chairman of the Working Group.
2. Ann Mawdsley gave a short talk on work done and to be done on scrutinising the Health Services. She passed a copy of her presentation to all members of the Working Party.

Members were given an overview of the type of activity the District Council would be involved with and where it could influence. Ann Mawdsley stressed the importance of both the District and County Council sharing their Work Programmes where health and wellbeing could be affected.

3. Councillor Coker gave a short talk on the Health and Wellbeing Board.
4. Richard Hall gave a short talk on:
 - Understanding of how Warwick District Council considers health implications within its decision making at present and any changes which may need to be made;
 - Understanding of the lead health role that Warwick District Council provides in specific areas (this is possibly outlined in the Health and Wellbeing Delivery Plan);
 - Understanding of current Warwick lead health projects currently in operation.

ACTION: Richard Hall was asked to pass a copy of his presentation to Lesley Dury for her to circulate to the Working Group members.

5. Ann Mawdsley explained that the meeting at the County Council on 23 September would be open to everyone on the Working Party. It would be a very useful chance to network.

ACTION: All those that wish to attend this meeting should inform Lesley Dury.

6. Next meeting
10 September at 4pm to examine the Draft Terms of Reference and determine a plan of action for the Working Party; discuss training requirements and also to discuss the possibility of asking some representatives from outside bodies such as the CCG to attend an Overview and Scrutiny meeting.

Councillor Coker indicated that he might not be able to attend and if he could not, would ask Councillor Caborn to attend in his place as Conservative Group representative.

Notes from the meeting of the Health Scrutiny Working Group
10 September 2013, Town Hall

Present:

Councillors: Mrs Falp, Mrs Knight, Weber and Wreford-Bush

Also Present: Councillors Caborn and Kinson

Officers: Richard Hall and Lesley Dury

Apologies: Councillor Coker

1. The notes taken from the last meeting on 5 August 2013 were agreed.
2. Group members had concerns that they did not yet understand what role Warwick District Council within the whole area of Health Scrutiny. The Health and Wellbeing Board was already setting its priorities and it was felt that Warwick District Council should be feeding into this process.
3. It was agreed that Richard Hall and Lesley Dury should work together to draw up a organisational chart of the machinations of Health Scrutiny from County level down, so that it would be possible to see where the District fitted in and what areas it would be involved with.
4. Councillor Caborn informed Members that Warwickshire County Council was investigating pulling health matters and social care closer together. Mental health would form part of the remit. He listed other areas also, such as drugs, Food, Housing, and Leisure, all of which had public health implications. He was keen the District should work out what its proper involvement was, what was already available and then making what was already provided work for us.
5. Councillor Kinson informed Members that he sat on the Warwickshire County Council O & S Health Forum and had done so for the last nine years. This had been amalgamated with Adult Social Care for about four years. Among matters he raised were parking at Warwick Hospital, excessive phone calls to GP surgeries, obesity in school age children and liaison between the police and teachers for prevention of issues such as grooming for sex. He mentioned concern that the Voluntary Hospital Transport System was in danger of collapse from lack of funding.
6. Members suggested that the following initiatives should be assessed:
 - a. A system to ensure that District Councillors who also served as Warwickshire County Council Councillors fed back pertinent information to the District;
 - b. How to ensure Health and Wellbeing is embedded into Warwick District Council. Does what Warwick District Council doing fit within what Warwickshire County Council is doing? How to ensure we have a much more strategic view of what we do with health issues. Part of Rob Chapleo's work will be to guide the Council on this.
 - c. Whether Health Scrutiny should be a standing item on the O & S agenda.
7. Members requested that Anna Burns be asked to attend the next meeting, together with the Director of Public Health at Warwickshire County Council. Possible dates were 22 or 29 October.

8. Richard Hall will provide Lesley Dury with details of a meeting scheduled for 10 October to pass onto the Working Group to attend. ¹
9. Next meeting – 29 October at 4.30pm.

(The meeting ended at 5.15pm)

Notes from the meeting of the Health Scrutiny Working Group
29 October 2013, Town Hall

Present:

Councillors: Coker, Mrs Falp, Mrs Knight, Weber and Wreford-Bush

Also Present: Councillor Kinson

Officers: Richard Hall, Rob Chapleo and Lesley Dury

Guest Speakers: Ms Anna Burns – Director of Strategy and Engagement, NHS South Warwickshire CCG and Dr John Linnane – Director of Public Health Warwickshire – Communities Group

Apologies: Councillor Caborn

1. The notes taken from the last meeting on 10 September 2013 were agreed subject to a minor change on item 5 – “Among matters *they dealt with* were parking at Warwick Hospital...” should have stated “Among matters *he raised* were parking at Warwick Hospital...”.
2. The Chairman, Councillor Mrs Falp, introduced Anna Burns and stated that she had thought about asking her to address Full Council, but had felt that it was better for her to speak to the Working Party first.
3. Ms Burns informed Members of the history of how the South Warwickshire CCG had formed, what it did and how it operated. The South Warwickshire CCG covered both Stratford upon Avon’s District Council’s area as well as Warwick District Council’s area. Ms Burns talked about the structure of the workforce at the SWCCG and how they operated. Some detail was given on how the budget was spent to commission services such as acute hospital services, mental health services and continuing health care for long term conditions. There was cross-over between the services commissioned by the CCG and those by NHS England. For example, when acute hospital services moved into specialised care, then this was commissioned by NHS England. Screening and immunisations was handled by NHS England on behalf of SWCCG.

She then went on to explain how the SWCCG’s integrated plan for 2013-2015 had been built up. The plan set the vision for health services in South Warwickshire and outlined what would be done in the next three years to achieve it. A major concern would be addressing the needs of the frail and elderly whose numbers were increasing. New ways to deliver services had to be found and ways to prevent long-term conditions had to be examined.

Some success had already been achieved, and examples cited were:

- a number of business cases to improve the care of the elderly had been approved;

¹ This has been postponed.

- specialist nurses had been appointed to advise nursing care staff; and
- a GP practice had been aligned to each care home.

There were some significant challenges to be faced, such as trying to educate the public not to go to A & E inappropriately and much work was being done to find out why some public preferred to attend A & E rather than their GP or out of hours service.

4. Dr Linnane explained that Public Health was part of the remit of the County Council but he was keen for it to be seen as a resource for the district councils. Examples of areas managed by Public Health were:
 - a. health protection such as control of infectious diseases;
 - b. health improvement such as lifestyle improvements, smoking, alcohol, obesity and mental wellbeing;
 - c. health care which involved working with the CCGs to provide evidence for their actions; and
 - d. the wider determinants of health such as housing, and transport – basically those elements controlled by councils. For this to succeed, links were being built with planning and housing departments.

Dr Linnane explained that the Director of Public Health had some statutory duties such as the annual report. The 2013 annual report had just been issued and he wanted the opportunity to speak to Warwick District Council councillors about this.

Dr Linnane sits on the Health and Wellbeing Board which is a partnership committee of the County Council. Some members of this are prescribed such as the CCGs have to be represented. Currently the Board is chaired by the Chairman of Warwickshire County Council.

Dr Linnane gave a hand out of part of the Joint Strategic Needs Assessment for 2013-14 which was specific to Warwick District.

He pointed out that the annual report would be coming to Warwick District Council in advance of next year and it would be an opportunity to look for issues specific to Warwick District.

5. The Working Group requested that Dr Linnane be invited to Warwick District Council to brief all councillors about the annual report.

Action: L Dury to speak to G Leach about arrangements for Dr Linnane to address all councillors.
6. The Working Group decided that the next meeting should concentrate on examining the options to handle health scrutiny at Warwick District Council, and matters that Rob Chapleo needed to be examined.
7. The Group agreed that the Health Event held at Warwickshire County Council on 23 September had been useful but not all organisations invited to send representatives had done so. The presentations had been a little unstructured.
8. The Group were reminded of a Joint meeting of Public Health for Districts and Councils that would be held at Warwickshire County Council in Northgate House on 12 December. Richard Hall would co-ordinate attendance for the Working Group.

Action: R Hall to co-ordinate the attendance of the Working Group at the 12 December Health event.

9. Next meeting – 20 November at 4.00pm.

(The meeting ended at 6.15pm)

**Notes from the meeting of the Health Scrutiny Working Group
20 November 2013, Town Hall**

Present:

Councillors: Coker, Mrs Falp, Mrs Knight, Weber and Wreford-Bush

Also Present: Councillor Kinson

Officers: Richard Hall, Rob Chapleo and Lesley Dury

1. There were no Apologies.
2. The notes taken from the last meeting on 29 October 2013 were agreed.
3. Matters Arising

Lesley Dury has asked Graham Leach to confirm a date with this Council's Chairman for when Dr Linnane can address all update councillors about his annual report. She has sent out a request to all councillors that they hold onto their copy of the annual report in preparation for Dr Linnane's visit.

Richard Hall has received a number of responses from interested councillors about the Joint meeting of Public Health for Districts and Councils that would be held at Warwickshire County Council in Northgate House on 12 December.

4. Outlines of Warwick District Council Health Strategy and Terms of Reference

Rob Chapleo gave the Working Group members a presentation on the Council's draft Health Strategy and Terms of Reference and how Scrutiny will fit in.

The report for approval is intended to be finalised in February 2014.

In discussion of the draft various points were made amongst which were:

- it was important that the two MPs were kept informed about what health issues the Council was considering;
- two-way communication between Warwickshire County Council and Warwick District Council was fundamental and it was important to set out how this would be handled;
- the Council needed to identify areas it wished to discuss on health which would involve looking at the Local Plan and identifying where this impacted on health; and
- with every decision made by this Council, a health impact assessment should be done.

There was some discussion on health issues that the Working Group would like to start work on. Air Quality and the impact of increased traffic in the District featured high on this discussion, but it was decided to delay this discussion until the Working Group had made recommendations to the Overview and Scrutiny

Committee on the way it would handle health scrutiny. Councillor Coker felt that identifying topics should be a two-way process with suggestions coming top-down to the Working Group from Overview and Scrutiny, and bottom-up, with the Working Group also identifying issues it felt needed consideration and recommending this to Overview and Scrutiny.

Action: Rob Chapleo to circulate the presentation to the attendees.

5. The way forward to conduct Health Scrutiny at Warwick District Council – Recommendations

The Working Group discussed the options in the Discussion Document that had been sent out with the agenda.

Discussing the pros and cons, both a committee and sub-committee structure were felt too limiting at this stage in the programme when health scrutiny was new. It was also felt that the requirement for 11 councillors on a Committee was too heavy a commitment for Members and the sub-committee structure would require that Members were only from the Overview and Scrutiny Committee.

Councillors felt that a Working Party structure allowed those councillors particularly interested in health issues to be involved, irrespective of political affiliation or committee participation. However, a weakness with the Working Group approach was that it had no delegated decision making authority and there was no mechanism to ensure any recommendation it made would be properly considered, so it lacked “teeth”. It was decided that the Working Party approach should be set on a 12 month trial basis.

Richard Hall and Councillor Mrs Falp were asked to consult with CMT about staffing considerations and about how the Working Party could ensure its recommendations were given proper consideration or “teeth” – in effect Terms of Reference. Following that, Councillor Mrs Falp will speak to Councillor Mrs Ann Blacklock to bring her up to date.

The Working Group will aim to make its recommendations to O & S in February 2014.

Actions:

- 1. Richard Hall and Councillor Mrs Falp to consult with CMT (Richard Hall to sort a convenient meeting date), following which:**
- 2. Councillor Mrs Falp to brief Councillor Mrs Blacklock.**

6. South Warwickshire Foundation Quality Account Group Representative

The Overview and Scrutiny Committee at its meeting in November, had requested that the Working Group determine the category that this outside body appointment would fall into. The five categories were detailed in Appendix 3 of the Working Group’s agenda. The Working Group decided that the category was 5 “Appointments made at the discretion of the Council”. Councillor Mrs Knight volunteered to represent the Council on this Body if required to do so.

Action: Lesley Dury to inform Graham Leach of the category so that he can refer this to Group for them to appoint a representative to the outside body.

7. Next meeting: 13 January at 4pm. Items for the agenda will be:
 - a. Draft Terms of Reference
 - b. A work programme
 - c. Training for O & S Committee members

(The meeting ended at 5.35 pm)

Notes from the meeting of the Health Scrutiny Working Group
13 January 2014, Town Hall

Present:

Councillors: Mrs Falp, Mrs Knight, and Wreford-Bush

Also Present: Councillor Copping

Officers: Richard Hall, Rob Chapleo and Lesley Dury

1. Apologies from Councillors Caborn, Coker, Kinson and Weber.
2. Declarations of Interest

There were no declarations of interest.

3. The notes taken from the last meeting on 20 November 2013 were agreed.
4. Matters Arising

It was agreed that Councillor Coker would welcome Dr Linnane, Director of Public Health to Full Council in January.²

Group Leaders would be meeting on 20 January to discuss the outside bodies appointments and so would make a decision on who would represent the Council on the South Warwickshire Quality Accounts Task and Finish Group.

Action: Lesley Dury to send a list of the SW Quality Accounts Task and Finish Group meeting dates to Councillor Mrs Knight.

Warwickshire County Council 12 December meeting report

Councillor Wreford-Bush reported that there was an interesting presentation on smoking areas and this raised questions on how we were complying with the tobacco laws. Coventry City Council reported concerns in respect of shisha pipes and associated fire risks. It was agreed that the opening section of the meeting had been targeted at officers and not councillors but that the discussions on smoking, drinking and air quality were very interesting. Members would have liked obesity to have been discussed. Members informed Richard Hall that they would like to attend similar meetings again, but it was not necessary for them to attend sections targeted purely at officers.

Meeting with CMT and meeting with Councillor Mrs Blacklock

Richard Hall agreed that a discussion had been held with the Deputy Chief Executive (AJ) on structure and how Health Scrutiny should be taken forward at

² Subsequent to this report, Dr Linnane informed the Council that he could not make the meeting in January. Another date is to be arranged.

Warwick District Council. CMT was relaxed on how it should be done but had concerns on staff resourcing. The current arrangement could be run on a trial basis for one or two years up to the elections. There was concern when it was reported that Democratic Services might not be allowed to provide staffing resource to a Working Group arrangement and it was agreed that Councillor Mrs Falp would speak to Graham Leach and Andrew Jones to see if an exception could be made in this instance or what suitable other options could be accommodated.

Action: Councillor Mrs Falp to speak to the Democratic Services Manager and the Deputy Chief Executive (AJ) about Committee Services support for the Working Group.

Councillor Mrs Falp reported that she had not yet met with the Chairman of Overview & Scrutiny Committee, Councillor Mrs Blacklock.

5. Terms of Reference and a Work Programme

It was reported that Rob Chapleo's report for the Council's Health Strategy was anticipated to go to the Executive in February. The Working Group would look at this to see what topics it should discuss in the future for its Work Programme. It was anticipated that there would be a two-way flow of topics for Health Scrutiny between Rob Chapleo and the Working Group and also a two-way flow of topics for Health Scrutiny between the Working Group and Overview & Scrutiny Committee. The report going to the Executive in February would be passed to Working Group Members ahead of the meeting so that the Members could pass any comments they might have directly to Rob Chapleo. Members then had a general discussion on what were likely subject matters for future scrutiny such as extra care in sheltered housing, issues arising from dementia and E-cigarettes and how licensees respond.

6. Training for O & S Members

It was felt that Dr Linnane's forthcoming presentation would help O & S Members understand the structure for health scrutiny. Additionally it was agreed that Rob Chapleo should attend an O & S meeting either in February or March. Councillor Mrs Falp was asked to discuss this with Councillor Mrs Blacklock.

Action: Councillor Mrs Falp to speak to the Chairman of O & S re a briefing to Members from Rob Chapleo and agree a date.

7. Written report to O & S

It was agreed that Rob Chapleo, Lesley Dury, Councillor Mrs Falp and Richard Hall would all work on a report for O & S to go forward to the March meeting. Councillor Mrs Falp and Lesley Dury would meet on 5 February to start the report. Councillor Mrs Falp would present a verbal report to O & S in February.

8. Correspondence

It was agreed that future correspondence would be circulated to Richard Hall and Councillor Mrs Falp who will decide what should be circulated to every member of the Group.

9. Next Meeting

Wednesday 5 February 2014 at 4.15 pm.

(The meeting ended at 5.30 pm)

Notes from the meeting of the Health Scrutiny Working Group
11 March 2014, Town Hall

Present:

Councillors: Mrs Falp, Mrs Knight, Weber, and Wreford-Bush

Also Present: Councillors Copping and Kinson

Officers: Richard Hall, Rob Chapleo and Lesley Dury

1. Apologies from Councillors Caborn, and Coker.

2. Declarations of Interest

There were no declarations of interest.

3. The notes taken from the last meeting on 13 January 2014 were agreed.

4. Matters Arising

Group Leaders had agreed that Councillor Mrs Knight would represent the Council on the South Warwickshire Quality Accounts Task and Finish Group.

Action: Lesley Dury to chase Ann Mawdsley to contact Councillor Knight – Completed, action closed.

5. Recommendation report for Overview and Scrutiny Committee

Councillor Mrs Falp explained the results of her enquiries to the Democratic Services Manager and information received from the Head of Health & Community Protection. The Democratic Services Manager had explained that staff support from Committee Services was not a foregone conclusion if the Working Group were minded to recommend a Working Group approach to health scrutiny and the Head of Health & Community Protection also advocated a sub-committee approach, although he recognised the limitations of this.

In light of this additional information, the Working Group voted to recommend a sub-committee approach to health scrutiny, with negotiated delegated powers, to be re-evaluated prior to the start of the new council in 2015.

6. Improve dental care and oral health survey

The Committee asked Rob Chapleo to see if he could organise a guest speaker from the Commissioning side to explain services available to councillors. He was also asked to see if a representative from Healthwatch might be available to speak at the 6 May meeting.

Councillors were asked to send any comments they may have about the questionnaire to Rob Chapleo and to bring the papers with them on 6 May.

Action: Rob Chapleo to investigate the possibility of speakers.

7. Next Meeting

Tuesday 6 May 2014 at 4.00 pm.

(The meeting ended at 5.05 pm)