



TIME LIMITED HEALTH SCRUTINY PANEL
DATE: 16 SEPTEMBER 2005

**Agenda
Item No.**

5

**ARRANGEMENTS FOR SCRUTINISING THE RECONFIGURATION OF HEALTH
SERVICE IN WALSALL**

Ward(s) All

Portfolios: Cllr A Paul – Health & Social Care

Summary of report:

On 4 July 2005 the Council resolved to establish a time limited Scrutiny and Performance Panel (the Panel) to consider proposals for the future delivery of hospital services in the Borough. On consideration of the issue members were aware of the possible need to establish joint scrutiny arrangements with other authorities affected by the proposals and sought further information from officer regarding the possibility of how this could be approached. This report outlines the officers findings.

Background papers:

None

Reason for scrutiny:

When a NHS body is considering proposals to vary or develop health services all health Overview and Scrutiny Panel's of social services authorities where residents are affected must be given the chance to decide whether they consider the proposals to be substantial to their communities.

Signed:

Executive Director: Dave Martin

Date:

Resource and legal considerations:

Whilst the Health and Social Care Act 2001 provides the basis for the establishment of joint scrutiny arrangements if changes to service delivery are considered substantial it is recognised good practice that such provision should be allowed for within the constitution of the authorities undertaking joint scrutiny.

Citizen impact:

The provision of NHS services is of interest to all citizens within the Borough.

Environmental impact:

There is no environmental impact from this report.

Performance management:

There are no specific performance management issues relating to this report.

Equality Implications:

There are no equality issues relating to this report.

Consultation:

In this instance the role of scrutiny is to consider the consultation period and proposals of the NHS trusts in relation to the long term provision of services for the people of Walsall.

Contact Officer:

Pat Warner

Scrutiny Officer

warnerp@walsall.gov.uk

Tel: 01922 652951

1. BACKGROUND

- 1.1 Following completion of a review of health needs for the Black Country a report was published (Better by Design) which prompted the Primary Care Trusts (PCTs) for Walsall and Wolverhampton to individually seek approval from the Strategic Health Authority (SHA) for the consolidation of administrative functions.
- 1.2 It was acknowledged that by its nature a consolidation of administrative functions would lead to a reconfiguration of clinical services as well. It was agreed to combine what would be two separate consultations in to one – the reconfiguration of services in the Black Country.
- 1.3 The process is being carried out by the Black Country Review Implementation Board (BCRIB) which is taking forward the recommendations of the Black Country Review.
- 1.4 Health Scrutiny Panels are required under a direction from the secretary of state issued in July 2003 to establish a joint health scrutiny panel to consider and respond to proposals for developments or variations in health services that affect more than one local authority area and that are considered “substantial” by the Health Scrutiny Panels for the areas affected by the proposals.
- 1.5 After receiving initial information from Walsall Teaching Primary Care Trust (tPCT) and the Manor Trust, members of the panel considered that the proposals may well be ‘substantial’ and requested that officers meet with officers from Wolverhampton and Dudley to discuss possible ways forward.
- 1.6 The BCRIB has confirmed that no decision has yet been made about the details of the proposals or who will be affected by it. The Board does not expect to be in a position to confirm the arrangements before their next meeting which is due to take place during the second week of October.
- 1.7 The pre-consultation engagement process which will commence on 24th September will not consider any proposals but is intended to help the BCRIB to begin to understand the public's view of what should be taken into account when designing reconfigurations. A copy of the consultation programme is attached as appendix 1.
- 1.8 As there are no formal proposals as yet it will not be possible for this Panel to make a definitive judgement or take any formal action towards a decision on the substantiality of the proposals until further information is received from the BCRIB .

2. JOINT SCRUTINY ARRANGEMENTS

- 2.1 Officers from Walsall, Wolverhampton and Dudley local authorities met on 6 September to discuss the proposed NHS consultation and the possibility of establishing joint scrutiny arrangements.

- 2.2 There was consensus between officers from Wolverhampton and Walsall that the proposals affected the two areas to the same extent and that subject to member approval and recommendation if a joint scrutiny arrangement was established these two bodies would have equal voting rights.
- 2.3 Dudley MBC had not yet received much information about the proposals and the likely impact on services in Dudley and as yet had not formed a view on whether the proposals were 'substantial' to their area.
- 2.4 Membership of a joint scrutiny panel was discussed and it was agreed that a membership based upon political proportionality of each Local Authority would be the best way forward. With the overall size of a joint panel in mind, it was agreed that the minimum number of representatives from this Authority would need to be 4 members. Officers from Wolverhampton did not anticipate this being a problem, but the suggestion would be considered at their Health Scrutiny Panel on 29 September. Any other authorities having considered the impact in their area to be substantial and expressing a wish to join the joint scrutiny panel would have representation according to the affect the proposals will have on them. It is hoped that this level of affect would be determined by using the framework outlined in appendix 2.
- 2.5 It is proposed that the joint scrutiny panel be chaired by a member experienced in health scrutiny, with a background knowledge of health issues within the region as well as experience in chairing scrutiny investigations. The Chair and Vice Chair would be representatives of different authorities.
- 2.6 For continuity and ease officers agreed that the Local Authority which the Chair represents would act as the host authority in as much as they would provide the main administrative support to the joint scrutiny panel but obviously the location of meetings would represent the membership of the panel. It was felt that agenda setting meetings would involve both the chair and vice chair as a minimum.
- 2.7 All arrangements for meetings and proportionality issues would be defined in the terms of reference and working arrangement documents to be finalised with member representatives once a joint scrutiny panel has been established (see appendix 3).

3. **MOVING FORWARD**

- 3.1 At the Council meeting on 4 July this time limited scrutiny panel was given the 'delegated authority to consider in detail the proposals of the trust boards..... and to submit their views on the matter to the Cabinet/Council. In the light of the lack of formal confirmation of the proposals from the BCRIB members may wish to :
- a. Receive this report and comment on the attachments at this stage in preparation for a final report being submitted at your next meeting which should take place after the receipt of the formal proposals from the BCRIB

- b. Consider the attached schedule at appendix 4 which indicates members availability for the next meeting to enable the panel to formulate its proposals for submission to Council at its meeting on 7th November regarding the joint scrutiny arrangements.
- c. Agree to receive a final report at the next meeting.

Securing High Quality Health Care for the Black Country

Consultation Programme

Introduction

This briefing paper is intended to give an overview of the planned and proposed consultation on service changes or organisational changes across the Black Country area. It is intended that this briefing paper will be used to update Chairs of Overview and Scrutiny Committees, and inform discussions about the extent of consultation.

We know that in order for any consultation process to be transparent and open to members of the public, we must be clear about the proposals on which they are asked to comment, and that they must be able to exert influence on the outcome. The next 6 months will see an unprecedented period of change for the NHS, and we know that our capacity to effectively consult is finite. We need to assess which of those changes will be of most interest to the public, and where we can best focus our resources on public consultation.

This paper will outline the key planned and proposed changes, together with those changes that are a consequence of a shift in national policy, so that the relative value of consultation may be assessed.

Black Country Review – Better by Design

The Black Country Review was established to look at the long term way in which health services should be designed to best meet the needs of the populations of Dudley, Walsall and Wolverhampton, and for the purposes of this paper, the Black Country, therefore, refers to these areas only. Changes to hospital services in Sandwell and West Birmingham are part of a separate consultation process.

The review took place because:

- In addition to the new hospital already built in Dudley, two more hospital developments are planned for Wolverhampton and Walsall with an approximate cost of £500m. Taking into account the move to provide care as close to people's homes as possible, it is essential that we make sure that this investment is being spent wisely.
- Previous reviews of services had identified issues which still hadn't been completely resolved
- The Primary Care Trusts in the Black Country wanted to make sure that the balance between hospital based services and community services was right
- There were differences in the plans being prepared across the Black Country, and we needed to make sure that there was consistency.

The findings of the Review

The Black Country Review findings – Better by Design, were formally accepted in March 2004 as the overarching strategy for health care in the Black Country. The Review took nine months to complete and involved over 150 clinical staff, managers

and local people in its Service Review Groups. In addition, over 500 staff, patient representatives and local people were involved in early development stages. The report is a comprehensive document which sets out a large number of recommendations, objectives and milestones. Most importantly, it sets out the model of care for the Black Country. The key principles of the review are:

- Patients and carers are partners in delivering care
- Patients should have equity of access to high quality healthcare
- Rapid access to all services for all patients
- Services as close to home as possible
- Blurred organisational boundaries

Health services in the Black Country will, in future, be designed to make sure that care is delivered as close to people's homes as possible, and is organised around the needs of the people in each local area.

As much care as can be safely provided locally will be focussed on self help and family care with community based services. Local access will remain for emergency and acute care, but with specialised services available in at least one location in the Black Country.

This model of care means that, for Dudley, Wolverhampton and Walsall, all three existing main hospitals will continue to provide acute, emergency and inpatient services, but they are unlikely to provide exactly the same range of services.

Out patient services and many diagnostic services can be provided in community and primary care settings – again, these settings may not all provide the same range of services, and may be in different settings in different parts of the Black Country. Care will be provided where it is effective and convenient for patients.

The review concluded that doing nothing was not an option:

“unless significant changes are made to the existing plans and the way services are currently organised then they will be neither affordable nor sustainable in the long term”. (Better By Design, 2003)

The review also concluded that:

- Investment in hospitals will have to be balanced with investment in primary and community care services to ensure that all services have the right resources to provide the right care
- Investment will be required to create hospital facilities at Walsall and Wolverhampton that complement each other and fit with delivering care as close to people's homes as possible
- The investment at Dudley will need to be used flexibly to play its' part in delivering care for the Black Country
- We will need to be sure that there are comprehensive pathways of patient care across the Black Country – so that patients can move easily from one service to another, and

- That specialist pathways, for certain conditions such as cancer, cardiac and critical care are planned based on a population of 1 million – this will mean that all three Trusts will have to work closely together

Our new proposals about how hospital services should be designed for the future, and the proposed merger of the Royal Wolverhampton Hospitals NHS Trust and the Walsall Hospitals NHS Trust, has come about as a direct result of the findings of the Black Country Review.

The consultation on implementing the findings of the Black Country Review is planned for November to February 2006.

Outline Business Case for the Redevelopment of New Cross Hospital

In order to meet the April deadline for submission of the outline business case (OBC) to the Strategic Health Authority (SHA) in April 2006, The Royal Wolverhampton Hospitals NHS Trust (RWHT) will have to do much of the development of the business case while the community are still out to consultation on implementing the findings of the Black Country Review. In order for the OBC to go forward, it is imperative that it is submitted by April 2006.

The broad direction of travel of the OBC will be formally consulted upon as part of the Black Country Review consultation. However, RWHT will have to go through a full financial and non financial option appraisal process.

If the Black Country Review consultation does not go ahead, or is delayed, then RWHT will have to consult on the redevelopment of New Cross.

Commissioning for a Patient Led NHS

This document was published on the 28th July 2005, and lays out the Government's proposals to review the role of PCTs in order to ensure that their configuration is appropriate for the future commissioning of patient care, including practice based commissioning. In summary the document requires:

- SHA's to oversee a PCT fitness for purpose review
- PCTs to ensure that they have an effective and objective commissioning function able to deliver high quality care and value for money alongside the improvement of health promotion and protection
- Reconfigured PCTs to have a clear relationship with local authority social services boundaries, and
- PCTs to focus on promoting health and commissioning services – with their provision reduced to a minimum.

By the 15 October SHAs are asked to submit proposals, which are to be agreed with the Department of Health by 15 November 2005.

Any proposals for reconfiguration of PCTs will then go forward to formal consultation. All consultations must be completed by 31 March 2006.

We know that the PCTs in Dudley plan to consult upon their possible merger, as do the PCTs in Sandwell. These consultations will have to be completed by the end of March 2006.

All PCT reconfigurations should be complete by October 2006 and SHA changes completed by April 2007. Changes to PCT service provision will be complete by December 2008.

For the Black Country, changes to PCT service provision are likely to be significant, and are likely to be subject to formal consultation. However, as the merger consultations will go ahead first, at the same time as the Black Country consultation and the option appraisal for New Cross, formal consultation on PCT service provision is unlikely to be completed before next spring.

Looking Ahead – potential future configurations for Mental Health Services in Wolverhampton, Dudley, Sandwell and Walsall

This is a review of mental health services, commissioned by the SHA and the PCTs to examine the future shape of mental health services. Any recommendations arising from the review, would be subject to public consultation.

The consultation on the findings of this review, may be included in the broader consultation on PCT service provision next year.

LIFT – Strategic Services Development Plans

The further development of primary and community care facilities in Dudley, Walsall and Wolverhampton has been known for some significant time. Local people have been told about LIFT proposals, although no formal consultation has been undertaken since the initial publication of SSDPs.

However, the success of implementing the findings of the Black Country Review is predicated on as much activity as possible taking place closer to people's homes – in community settings. The development of LIFT schemes is a key part of ensuring that we have the capacity in primary and community care to deliver those aspirations.

The Black Country Review consultation will also have to detail some of the proposals contained within the LIFT programme, in order to help people understand the changing nature of secondary care.

There are good examples of how local people have been involved in developing the PCT's LIFT programmes

Developing LIFT in Wolverhampton

The first SSDP for Wolverhampton was produced following an extensive 3 month inclusive consultation process. Key stakeholders were engaged in a series of interactive workshops (the main focus was the period September to December 2002). There were almost 20 workshops ranging from horizon scanning to detailed option appraisal, working with all communities of interest – from contractors to community groups, faith leaders and extensive staff involvement across health and social care.

We would, therefore, not propose to undertake a further consultation on the LIFT programme.

Primary Care Out of Hours

The introduction of the new General Medical Services (GMS) GP contract in 2004 made some fundamental changes to the way that patients are supported in primary care. Responsibility for commissioning the out hours primary care service passed from GP practices to PCTs, and PCTs established contracts with providers last year. We are currently reviewing those contracts, through an invitation to contract across the Black Country. Walsall, Dudley and Wolverhampton are working together to develop options for a contract/s. This means that there may be changes to who provides the out of hours primary care service, and the location and cost of providing local access out of hours.

This change comes as a direct result of national policy – through the changes in GP contracts, and PCT's are required to commission the service through a contract process. This decision, therefore, cannot be subject to public consultation.

Medium Secure Forensic Unit

There are currently plans being prepared for consultation on the proposal to open a third medium secure forensic unit in Birmingham. All 30 PCTs with commissioning responsibility for this service will be formally required to consult with their local community. We expect this consultation to take place between September and December 2005.

Local Service Consultations

We also know that there are a range of consultations planned by PCTs on individual local services over the next six months. Whilst this is not an issue for the cross-patch consultations, it will be an issue for local OSCs and local people/users of service.

Summary

The NHS, Overview and Scrutiny Committees and members of the public have a limited capacity to engage effectively with consultation. This paper outlines the key areas of proposed or plans change, and suggest how consultation may be most effectively handled.

Appendix One details a consultation map with timescales.

Appendix one – draft timetable

Month	Black Country Review	New Cross OBC	Patient Led NHS	Black Country MH Review	Primary Care Out of Hours	Medium Secure Forensic Unit
September	public and stakeholder involvement begins				OSCs advised	Consultation commences
October		Option appraisal process	STHA submits proposals to DOH		Contract awarded	
November	Formal consultation starts		DoH agree proposals		Clinical Integration implemented	
December	↓		Consultation on PCT reconfigurations	↑		Consultation closes
January						
February	Consultation closes					
March			Consultation closes			
April		OBC submitted to SHA			New service commences	
May						
June			?consultation on provider service changes	?consultation as part of patient led NHS changes?		
July			↓			
August				↓		

A Guide to Assessing the Impact of the Proposed Variation for the Residents of the Local Population of Wolverhampton, Walsall, Dudley, Sandwell, and Staffordshire – A Three Tier Approach

It is likely that a Joint Scrutiny Committee will be convened to consider the review of health services that cross the boundaries of local authorities. The drivers for this consultation are the implementation of the Black Country Review and the sustainability of clinical services across the hospital sites.

The options for consultation are being drawn up at the moment, but in order to establish a Joint Committee by the proposed start date for the consultation, 14th November 2005, it is necessary to make some decisions about Membership of the joint committee.

The decision about whether proposals are substantial must be taken by the Health Overview and Scrutiny Committee of the local authorities affected. This tool aims to help the Health Scrutiny Committees decide the degree to which the variation will affect their residents, and therefore determine the level of involvement in any Joint Overview and Scrutiny Committee that may be established. It proposes that there are three possible answers to this question.

- a) the proposal will not have a significant effect on residents and is therefore not considered to be a substantial variation for the authority
- b) The proposal is considered to have some impact on the residents of the local authority and therefore Members of the Scrutiny Panel determine that it will have some substantial variation for residents.
- c) The proposal will have a major impact on the residents of the local authority and therefore constitutes a substantial variation.

In deciding whether a proposal is substantial the, Health Overview and Scrutiny Panels must have sufficient information. This can include patterns of usage, numbers of patients and how changes in one place will impact on another.

To assist this process an Impact Assessment Tool has been developed based on the South West Framework for Substantial Variation and Development and the Avon Area : Impact Assessment Tool which are highlighted as good practice by the Centre for Public Scrutiny.

This assessment tool set out below has been designed to help local authority health scrutiny panels potentially involved in a Joint Health Overview and Scrutiny Committee, to use a similar process in order to decide if a proposed variation is a substantial change or development in service. It is not intended that the Health Scrutiny Committees decision should be entirely based on the score, but if there are other factors that influence the Committees decision, it will assist the joint process if this is also documented.

Part A

Question 1

Percentage of residents in the authority who will be directly affected as patients by the development or variation

Low Percentage									High Percentage		
1	2	3	4	5	6	7	8	9	10	Not Known	

Question 2

Proportion of the service which is used by residents of the local authority

Low Percentage									High Percentage		
1	2	3	4	5	6	7	8	9	10	Not Known	

Question 3

Level of concern expressed by residents of the authority

Low Concern									High Concern		
1	2	3	4	5	6	7	8	9	10	Not Known	

Part B**Question 4**

Impact on carers who are resident in the authority.

Low impact					High Impact		
1	2	3	4	5		Not Known	

Question 5

Reduction in access to service

Small Reduction					High Reduction		
1	2	3	4	5		Not Known	

Question 6

Reduction in quality of services

Small Reduction					High Reduction	
1	2	3	4	5		Not Known

Question 7

Conflict or disagreement including staff opposition to the proposal

Low					High	
1	2	3	4	5		Not Known

Question 8

Lack of cohesion with other NHS or organisational strategies

Low Cohesion					High Cohesion	
1	2	3	4	5		Not Known

Question 9

Rational for proposal not clear

Not clear					Clear	
1	2	3	4	5		Not Known

Question 10

Impact on health inequalities

Reduce health Inequalities										Increase Health Inequalities	
-5	-4	-3	-2	-1	0	1	2	3	4	5	Not Known

Question 11

Level of local / regional influence on outcome

Low Influence					High Influence	
1	2	3	4	5		Not Known

Total Impact Rating =**Tier 1 - Not a Substantial Variation**

The total impact rating is less than 23 and none of the questions in Part A score above 4

Tier 2 - Substantial Variation

The total impact rating is between 23 – 49 but none of the questions in Part A score above 4

Tier 3 - Substantial Variation

Any question in Part A scores above 4 and / or the total impact rating is between 49- 70

If the Health Scrutiny Committee does not have the information to answer some these questions, the Committee may wish postpone making the decision about the level of impact until this information is made available by the NHS.

In considering the time and resources the Health Scrutiny Panel wishes to commit to a Joint Health Overview and Scrutiny Committee, the Panel may wish to give particular consideration to Question 11. If there is little scope for the Health Scrutiny Panel to influence the implementation of National Policy this will limit the added value of the work of a Joint Committee.

**Terms of Reference for Joint Health Overview and
Scrutiny Committee (OSC) to Consider the Proposals
Regarding the Implementation of the Black Country Review.**

Legislation

Local Authority Health Overview and Scrutiny Committees (OSCs) are required to establish a Joint Health OSC to consider and respond to proposals for developments or variations in health services that affect more than one local authority area in accordance with Section 8(4) of the Health and Social Care Act 2001 and Regulation of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Function) Regulations 2002.

Subject Being Considered

The NHS is currently developing the consultation options on the implementation of the findings of the Black Country Review, Better by Design. The consultation is planned to run from November 2005 – February 2006.

Any proposals about how hospital services should be designed for the future, and the proposed merger of the Royal Wolverhampton Hospitals NHS Trust and the Walsall Hospitals NHS Trust have come about as a direct result of the findings of the Black Country Review.

It is also intended that the broad direction of travel of the Outline Business Case for New Cross Hospital will also be consulted upon as part of the Black Country Review consultation.

Lead NHS Body

At present the Black Country Review Implementation Board is leading on the consultation.

Purpose of the Joint OSC

The Joint OSC shall represent the interests of the population that receive services provided by or commissioned by the NHS body and operate in a way that will lead to rigorous and objective scrutiny of the issues under review. To achieve this, the Joint OSC will:

- a) Require the local NHS body to provide information about the proposal under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function in connection with the consultation.
- b) Prepare a report to the health body and the participating local authorities, setting out any comments and recommendations on any matter reviewed or scrutinised.

c) Report to the Secretary of State in writing where it is not satisfied that consultation on any proposal has been adequate in relation to the content or time allowed.

d) Report to the Secretary of State in writing in any case where it considers that the proposal would not be in the interests of the health service in the area of the joint OSC's participating local authorities.

Composition of Joint Health OSC

The Members of the Joint OSC shall be determined once the individual authorities have decided whether the variation or development of service is considered a substantial variation for that local authority area. The principles underlying the membership shall be:

The membership of each authority shall generally reflect the political make up of full council, unless all elected councillors within all the authorities agree to waive that requirement.

The number of members from each authority will also take into account the degree to which the population of one Local Authority may be affected by the proposed variation.

*The Health Scrutiny Panel / Local Authority can appoint a substitute if a Member is unable to attend a meeting of the Joint OSC. **OR** Due to the specialist knowledge that will be required by Members to fully engage in this process, Members will not be able to substitute if they are unable to attend a meeting of the Joint OSC.

*The Joint Committee may decide to co-opt expert members to the Joint OSC. Any co-optees will be agreed at the inaugural meeting. (Bristol decided not to allow the joint OSC to Co-opt members – I can see that this could be used to increase the numbers to support a particular opinion)

Guiding Principles Governing a Joint OSC

The guiding principle for the work of joint Committees is that they should be consensual and constructive, although it should be accepted that some issues could potentially be adversarial, the emphasis of the work of Joint Committees should be on making a positive contribution. The work of Joint Committees therefore should be:

- **Forward looking** - taking a long-term view of the health of local people
- **Outward looking** -learning from the experiences of other regions etc
- **Innovative/flexible** - questioning established ways of looking at things, identifying and managing risk.

- **Joined up** - looking beyond institutional boundaries; setting cross-cutting objectives; ensuring that the practicalities of implementations are considered as far as possible.
- **Inclusive** - consulting those responsible for implementation and those affected by the policy; carrying out an impact assessment
- **Evidence based** - basing policy decisions and advice upon the best available evidence from a wide range of sources; ensuring that evidence is available in an accessible and meaningful form.
- **Lessons learned** - learning from experience of what works and what does not.

Chairing and Hosting Arrangements

The Joint OSC will decide on the Chair and Vice Chair at its inaugural meeting. The Chair will have experience of Health Scrutiny and chairing meetings. The Authority providing the Chair of the OSC will also act as the host authority. The Vice Chair will come from a different Authority.

Quorum

The Quorum shall be deemed to be one third of the membership, provided that each of the member authorities is represented.

Administration and Support

The host authority will provide administrative support to the Joint OSC. The cost of the administrative support to the Joint OSC will be shared equally by the participating authorities. These costs will include staff time (including legal advice) printing and dispatch of papers and paying for expert witnesses. Any cost incurred by individual authorities in supporting their own members will be born by themselves.

(A separate document will set out the working arrangements including communications, use of logos, agenda meetings, pre-meetings and the expectation that Members will not be involved in any protest group which could compromise impartiality)

Arrangements for Gathering Evidence and Public engagement

The evidence gathering will be undertaken in select committee style meetings. Meetings will be held in public in appropriate venues across the authorities involved in the Joint OSC.

Reporting

When the Joint OSC has completed the review, it will produce one report on behalf of the committee. The report will reflect the views of all local authority OSCs involved in the Joint OSC, but it should aim to be a consensual report.

Disbanding and Reconvening the Joint Overview and Scrutiny Committee

The Joint OSC will be disbanded when:

The Joint OSC has received the outcome of the consultation and is satisfied that the proposal is in the interest of the health service in the area of the participating local authorities, and that the consultation has been adequate.

Or

The Joint OSC has reached a local resolution regarding the proposal

Or

The process of referral to the Secretary for State for Health has been concluded.

The Joint OSC may be reconvened to evaluate the process.

Notes

The section on the subject being consulted on will need to be updated as this becomes clear.

I have asterisked two sections that will need further discussion with other authorities regarding substitutions and co-options.

	October										
	17	18	19	20	21	24	25	26	27	28	31
Woodruff											
Arif		X		X		X	X				
Bird	X			X		X					
Clarke						X			X		
D.Pitt							X	X*			
Walker	X			X				X*			
Robertson							X				
Robinson		X		X			X		X		
Wilkes				X							
D. Martin			X								
Scrutiny Office										X	
	Palfrey Pleck Pheasy Paddock Pelsall LNP	Employ appeals B	Cabinet LAA Member Training	Employ appeals A Children Regen SPP's	Mayor's Civic Awards	Aldridge Streetly St.Mats Pheasey Paddock LNP	Employ appeals B Audit	*CPA Housing WG Emrgcy Planning Seminar	Employ appeals A License		Willen hall LNP