

April 2015

## **Developing a protocol for the working relationship between Scrutiny, the Health & Wellbeing Board and Healthwatch Harrow**

This paper looks to develop a protocol of working for the Health & Wellbeing Board, Scrutiny and the local Healthwatch. It suggests a set of shared values/principles that can drive forward a robust working relationship between the three for the future.

A first draft of this protocol has been informally discussed with the Scrutiny Leadership Group and the chair of the Health & Wellbeing Board. There was agreement that, in line with arrangements in many other boroughs, the protocol should include the local Healthwatch once a new service had been recommissioned in April. The draft protocol will be formally presented to the Health and Social Care Scrutiny Sub-Committee in June and the Health & Wellbeing Board in July. Comments from Healthwatch are currently being sought and will be extremely valuable to these discussions.

The Overview and Scrutiny Committee has delegated its duties around health scrutiny to the Health & Social Care Scrutiny Sub-Committee, although there remains the flexibility for issues to be considered at Overview & Scrutiny rather than Health & Social Care Sub-Committee, for reasons of timeliness or the strategic nature of the issue. Therefore this paper refers to the scrutiny function as a whole when discussing relationships. Appendix A details the key member roles involved in the Health & Wellbeing Board/Scrutiny relationship. It is assumed that the 'first port of call' for the working relationships with each body will be the chairs of each committee.

### **Purpose of protocol**

This protocol aims to outline the independent, but complementary, roles and responsibilities of the council's health scrutiny function (referred to as 'Scrutiny'), the Health and Wellbeing Board (HWB) and the local Healthwatch (Healthwatch Harrow). Each body has distinct roles but there are potential overlaps in work and therefore the scope for duplication. This duplication can be positive if the bodies are approaching the issues from different angles and adding value, however where the duplication is unnecessary, this does not represent the best use of resources. Therefore developing a protocol for working collaboratively and making best use of resources, is particularly warranted at a time when resources in the public sector are being further stretched.

There is a three-way relationship between health and wellbeing boards, scrutiny and local Healthwatch. Each body is at a different stage of their lifecycles – with health scrutiny being the most established having operated for over a decade whilst health and wellbeing boards and local Healthwatch are two years into operation. It would therefore be worth regularly reviewing any protocol adopted to ensure that it continues to meet the needs and aspirations of each of the three bodies as the relationship develops.

In June 2014, the Department of Health published revised guidance to support local authorities and their partners deliver effective health scrutiny, to reflect the outcomes of the Francis report into the failings of care at Stafford Hospital. Robert Francis in his report included some clear messages for the role of council scrutiny in the local framework for health service accountability.

The Department of Health guidance<sup>1</sup> holds some key messages for health scrutiny going forward reiterating that health scrutiny has a strategic role in taking an overview of how well integration of health, public health and social care is working and how well health and wellbeing boards are carrying out their duty to promote integration. It also acknowledges that effective health scrutiny requires clarity at a local level about respective roles between the health scrutiny function, the NHS, the local authority, health and wellbeing boards and local Healthwatch.

As a result of the Francis report, local authorities need to satisfy themselves that they have open and effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies and that complaints information is used to get an impression of services overall and commissioners and providers are questioned about patterns and trends.

## **Statutory framework**

Each of the bodies in this protocol has a statutory footing. Given below is an outline of the functions of each body. More detail on their current powers and duties can be found in Appendix B.

### Council health scrutiny

Councils with social care functions can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions in public and make recommendations for improvements that have to be considered. Proposals for major changes to health services can be referred to the Secretary of State for determination if they are not considered to be in the interests of local health services. The way councils use the powers is commonly known as 'health scrutiny' and forms part of councils' overview and scrutiny arrangements. From April 2013 all commissioners and providers of publicly funded healthcare and social care have also been covered by the powers, along with health and social care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Health scrutiny also has a valuable pro-active role, helping to understand communities and tackle health inequalities.

### Health and wellbeing boards

Health and wellbeing boards are committees of councils with social care responsibilities, made up of local councillors, directors of public health, adult social services and children's services, clinical commissioning groups, and local Healthwatch. They collectively take the lead on improving health and wellbeing outcomes and reducing health inequalities for their local communities. Health and wellbeing boards are an executive function of the council and are responsible for identifying current and future health and social care needs and

<sup>1</sup> Department of Health full guidance document can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/324965/Local\\_authority\\_health\\_scrutiny.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf)

assets in local areas through Joint Strategic Needs Assessments; and developing Joint Health and Wellbeing Strategies to set local health and social care priorities, providing a framework for the commissioning of local health and social care services. Individual Board members are held to account in different ways (for example, clinical commissioning groups are authorised and assessed by the NHS Commissioning Board) but health and wellbeing boards can also be collectively held to account for their effectiveness through council scrutiny.

### Local Healthwatch

The local Healthwatch is the local consumer champion for health and social care representing the collective voice of people who use services and the public. It builds up a local picture of community needs, aspirations and assets and the experience of people who use services. It reports any concerns about services to commissioners, providers and council health scrutiny. It does this by engaging with local communities including networks of local voluntary organisations, people who use services and the public. Through its seat on the health and wellbeing board, local Healthwatch presents information for the Joint Strategic Needs Assessment and discuss and agree with other members on the Board a Joint Health and Wellbeing Strategy. It also presents information to Healthwatch England to help form a national picture of health and social care. Local authorities need to ensure that their local Healthwatch operates effectively and is value for money; managing this through their local contractual arrangements.

## **Roles and responsibilities**

The Health and Wellbeing Board has a number of “active” duties and responsibilities including:

- Agreeing health and wellbeing priorities for Harrow;
- Developing the Joint Strategic Needs Assessment (JSNA);
- Promoting joint commissioning;
- Ensuring commissioning plans have had sufficient regard to the Joint Health and Wellbeing Strategy; and
- Considering how best to use the totality of the resources available for health and wellbeing.

None of these “active” duties conflicts with the responsibilities of the Health & Social Care Sub-Committee which can recommend the Council to refer proposals for change in the provision of health services to the Secretary of State as well as scrutinising the Council’s health functions (public health) and:

- Health and social care infrastructure and services
- The Health and Wellbeing Board and CCG
- Collaborative working with health agencies; and
- Commissioning and contracting health services.

There is, however, a possibility for duplication and confusion in relation to more “reflective” responsibilities of the Health and Wellbeing Board which include:

- Overseeing the quality of commissioned services;
- Providing a forum for public accountability of NHS, public health, social care and other health and wellbeing services;

- Monitoring the outcomes of the public health framework, social care framework and NHS framework;
- Considering and making recommendations for response to NHS;
- Consultations on proposed substantial developments/variations in health services that would affect the people of Harrow; and
- Considering and making recommendations for response to consultations from local Health Trusts, Department of Health, Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.

These “reflective “ duties appear to mirror the function of the Health & Social Care Scrutiny Sub-Committee and, specifically, its power to “consider and make recommendations for response to consultations from local Health Trusts, Department of Health, Care Quality Commission and any other organisation which provides health services outside the authority's area that would affect the people of LB Harrow.”

A recent guide by the LGA<sup>2</sup> has sought to clarify some of the confusion that remains about the respective roles of health and wellbeing boards and councils' health scrutiny arrangements:

*“Health scrutiny committees or panels, bodies which are independent of council cabinets and executives, are an important mechanism for holding the health and wellbeing board to account. They are also an important source of information, through the inquiries that they conduct, about the quality of services and issues of concern to patients, service users and the public. Local Healthwatch organisations have statutory powers to refer issues to health scrutiny. Therefore, there is a three-way relationship between health and wellbeing boards, scrutiny and local Healthwatch. A number of areas have clarified how these bodies will work together and separately through a written protocol or memorandum of understanding. Health and wellbeing boards are subject to scrutiny by their council's health scrutiny function. Health scrutiny has specific powers to ask for information and require attendance at meetings. These are laid down in regulations and guidance (see further information section below). Health scrutiny committees and their equivalents have special powers in relation to proposed substantial reconfigurations of services which they (or the council) can refer to the Secretary of State for Health under certain circumstances. It is particularly important, therefore, that health scrutiny bodies are engaged in discussions and consulted about proposals for change at an early stage, and given an opportunity to understand the reasons for the proposals, how they might improve access or quality of services, and how patients, service users and the public are engaged and consulted on the proposals.*

*The three-way relationship between health and wellbeing boards, scrutiny and local Healthwatch potentially gives rise to a number of conflicts of interest. For example, a councillor might be a member of a health and wellbeing board and also a member of the council's health scrutiny committee or of a joint health scrutiny committee. A local Healthwatch might refer a proposed service reconfiguration to a health scrutiny committee. In this case there could be a conflict of interest for the local Healthwatch representative on a health and wellbeing board that could be involved at some level in the commissioning of the proposed reconfiguration. Any conflicts of interest of this kind can be dealt with through the council's usual arrangements for committees.”*

Harrow Council's governance arrangements have addressed such issues as potential conflicts of interest – no member of Scrutiny can sit on the HWB and vice-versa. Healthwatch hold positions on both bodies but they are different individuals.

<sup>2</sup> *Making an impact through good governance: A practical guide for health and wellbeing boards*, LGA, October 2014. [http://www.local.gov.uk/health-and-wellbeing-boards/-/journal\\_content/56/10180/6656438/PUBLICATION](http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6656438/PUBLICATION)

## Working together for better outcomes

Within the roles and responsibilities of Scrutiny, the HWB and Healthwatch Harrow there are some **shared values** to build upon in developing a sound working relationship. Given the common aims across these bodies to improve health and wellbeing outcomes and ensure the commissioning and delivery of high quality, appropriate and efficient services, these can translate into a **set of shared principles** to drive forward joint working:

- Working together for the good of residents – achieving better outcomes for local people by working in partnership to improve services
- Working in a climate of mutual respect, courtesy, openness and transparency in partnership
- Having a shared understanding of respective roles, responsibilities, priorities and different perspectives
- Promoting and fostering an open relationship where issues of common interest and concern are shared and challenged in a constructive and mutually supportive way
- Ensuring a consistency across the council – ensuring individual activities are complementary, add value and reduce duplication, by developing work programmes together and sharing intelligence gathered
- Aligning work programmes so that they are complementary and add value – to decision making, exercising wellbeing powers, holding to account, policy development, fostering better partnership working, addressing health inequalities, and commissioning intentions for health and social care
- Monitoring performance
- Respecting independence
- Using resources effectively and efficiently - making best use of ever-stretched resources, that of both of the council and NHS
- Adding value to the democratic process
- Ensuring that the voice of the public and patients are heard and acted upon
- Proactive solution finding

Whilst recognising the common aims and the need for closer working, it is important to remember that the HWB, Scrutiny and Healthwatch Harrow are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. Any protocol should not preclude any individual body from working with any other local, regional or national organisation to deliver their aims.

### How can each body bring value to each other's work?

Scrutiny can:

- Be a bridge between professionals and people who use services.
- Bring a collective memory of public engagement, policy development and local knowledge about community needs and assets.
- Be a valuable 'critical friend' in policy development and service provision.
- Evaluate policies arising from processes and decisions and outcomes from services.
- Consider whether service changes are in the best interests of the local health service.
- Carry out pro-active qualitative reviews that can inform and enhance policy and services.

The Health & Wellbeing Board can:

- Bring together individual and organisational knowledge, expertise and experience.
- Develop an area-wide view of health and social care needs and resources through the Joint Strategic Needs Assessment.
- Agree area-wide alignment of services to deliver improved health and wellbeing through the Joint Health and Wellbeing Strategy.
- Facilitate shared understanding of information to improve outcomes from decision making.

Healthwatch Harrow can:

- Share information from networks of voluntary and community groups.
- Gather and present evidence and information for Joint Strategic Needs Assessments and support council scrutiny reviews.
- Use good public engagement to demonstrate the ‘real-time’ experiences of people who use services.
- Highlight concerns about services to council health scrutiny.
- Cascade information to people who use services and the public about services that are available.

With a focus on the fundamental principle of improving outcomes for local people, listening and responding to what communities and residents who use services are saying is key to each function. Each will have different reasons and ways to gather these views and experiences however by sharing information and expertise, each can add value at different points throughout the cycle of assessing need, developing strategies, commissioning and providing services, and evaluating their efficacy. For example, there should be a commitment from the HWB to engage Scrutiny on the drafting of the JSNA and the Joint Health and Wellbeing Strategy, as well engaging Scrutiny on the commissioning intentions of the CCG and Adults Social Care Services.

#### How might this work in practice?

There are a number of health and social care developments locally that could benefit from a robust executive/scrutiny interface and strong working relationship. These include the implementation of the Care Act, the Better Care Fund, the reconfiguration of NHS services in NW London through the Shaping a Healthier Future programme, health and social care finances, supporting CQC inspections, safeguarding issues, and addressing health inequalities. One of the common criticisms to date of HWBs is a focus on health and the NHS and not on social care, nor the relationship between the two in delivering outcomes for health and wellbeing.

Some scenarios<sup>3</sup> (entirely fictional) that demonstrate how a strong working relationship could work in practice are given below:

<b>Scenario 1:</b>	<b><i>A reconfiguration of maternity services at London North West Healthcare NHS Trust which includes Northwick Park, Central Middlesex and Ealing Hospitals</i></b>
Health &	The Board, as the strategic multi-agency body charged with oversight of the local health

<sup>3</sup> Adapted from *Local Healthwatch, health and wellbeing boards and health scrutiny: Roles, relationships and adding value*, Centre for Public Scrutiny, October 2012

<p>Wellbeing Board</p>	<p>and social care economy, will have a key role in the early shaping of any reconfiguration proposals and later in assessing the detail and impact of any such proposals on the wider economy of the area. It will also be charged with ensuring that the plans have taken account of the JSNA and Joint Health and Wellbeing Strategy (JHWBS).</p> <p>Coming out of the Shaping a Healthier Future NHS programme, providers have proposed this as a solution to improving outcomes and making better use of available resources. The HWB assesses whether the plans fit their JHWBS and takes a strategic view on the outcomes and engagement with the appropriate CCGs.</p> <p>Therefore the HWB could:</p> <ul style="list-style-type: none"> <li>➤ Confirm and challenge the impact assessment, including how proposals will seek to meet identified gaps in commissioning, identifying overlaps in the proposals and ensuring value for money;</li> <li>➤ Refer to Scrutiny for comments/opinions concerning outcomes, patient experiences, pathways and access issues;</li> <li>➤ Receive initial reports and in depth reports from Scrutiny Committee;</li> <li>➤ Use the findings to feed into further discussions about the commissioning of the proposed services and potential decommissioning of associated services;</li> <li>➤ Seek opinion of neighbouring Boards as appropriate;</li> <li>➤ Seek the views of Healthwatch Harrow; this will normally be done through the Healthwatch representative on the HWB;</li> <li>➤ Be reliant on professional relationships to influence change.</li> </ul>
<p>Healthwatch Harrow</p>	<p>Healthwatch, by virtue of its membership on the HWB and as an observer of the CCG Boards, will be a party to initial discussions and decisions which may lead to major reconfiguration of commissioned services. Whilst recognising this, Healthwatch nevertheless will have an independent role in the subsequent review and scrutiny or consultation of the proposals</p> <p>Undertakes a comprehensive exercise to gather the views from people who use services and the public, checks whether consultations reflect what is known about best practice and presents views as a HWB member and to the Health &amp; Social Care Scrutiny Sub-Committee in its advisory capacity and during the formal consultation process.</p> <p>Therefore Healthwatch Harrow could:</p> <ul style="list-style-type: none"> <li>➤ Consider the commissioning plans and offer a strategic view from the public perspective to the Board, including any cross-border issues and work with other relevant local Healthwatch organisations;</li> <li>➤ Undertake a detailed exercise to gather patients' and public views both in the pre consultation phase and during the consultation period using and co-ordinating available information and engagement processes, having particular regard to issues of quality and access;</li> <li>➤ Access the Healthwatch England information repository to add value to the evidence;</li> <li>➤ Inform/report to the Scrutiny Sub-Committee and the HWBd the outcome of the Healthwatch Harrow public opinion exercises regarding the potential impact for patients.</li> </ul>
<p>Health scrutiny</p>	<p>The Health &amp; Social Care Scrutiny Sub-Committee is a statutory consultee and has responsibility for ensuring that health service changes reflect the needs of the local population and are in the best interests of the area.</p> <p>Agrees that proposals are a substantial variation, and through joint scrutiny arrangements with other councils in NW London (the existing JHOSC), engages in early discussions with the commissioners/providers regarding policy, plans and consultations. It also engages during the formal consultation stage to analyse the proposals in a public forum, taking evidence and coming to a conclusion about whether the proposals are in the best interests of local people and the local health service.</p>

	<p>Therefore the Committee could:</p> <ul style="list-style-type: none"> <li>➤ Scrutinise the commissioners' perspective of the proposals;</li> <li>➤ Scrutinise the providers' perspective of the proposals;</li> <li>➤ Take information from other interested and affected bodies e.g. user/carer groups. Community/voluntary groups, staff representatives;</li> <li>➤ Consider the information provided by Healthwatch;</li> <li>➤ Come to a view about the matter and advise the HWB accordingly; or</li> <li>➤ Form a view as to whether an in-depth Review of the Patient Pathway and experience is needed in order to understand the outcomes for patients/users;</li> <li>➤ Seek opinion of neighbouring Committees as appropriate;</li> <li>➤ Report the review findings to the HWB;</li> <li>➤ Respond to the public consultation.</li> </ul>
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<b>Scenario 2:</b>	<b><i>The refreshed JSNA indicates that there is a need for integrated health and social care teams aligned with GP practices</i></b>
Health & Wellbeing Board	HWB has a duty to support integrated services and, reflecting on the JSNA decides to include integrated teams as a priority in the Joint Health and Wellbeing Strategy (JHWBS).
Healthwatch Harrow	Undertakes local research about what people who use the services are looking for, identifies gaps in service provision and feeds the outcomes into the HWB to influence the JHWBS.
Health scrutiny	Examines the process in light of councillors' knowledge of their local area and makes recommendations about how the people who use services, particularly vulnerable groups, can be informed about changes to services. Six months after implementation of the strategy, it assesses what impact the changes have had and makes recommendations for improvement.

<b>Scenario 3:</b>	<b><i>An issue related to health inequalities: a low uptake of child vaccination in particular wards in the borough</i></b>
Health & Wellbeing Board	The refreshed JSNA indicates a low uptake which has implications for health and social care in some council wards. Because the reasons are unclear, the HWB asks health scrutiny to review the issue.
Healthwatch Harrow	Through their seat on the HWB, Healthwatch Harrow were involved in reviewing the JSNA, and it now uses its local networks to gather views about why some children are not being immunised and reports this to the HWB and health scrutiny.
Health scrutiny	Health scrutiny asks Healthwatch Harrow to gather local views which it uses in a challenge panel on child vaccination in the borough. This includes evidence gathering and discussions with the CCG, schools, health visitors and social workers. As a result of these, health scrutiny makes recommendations about ways to improve the uptake of immunisations.

These scenarios demonstrate some fundamental lessons that councils have found to date with working relationships between the three bodies:

- Improved health and social care is a common goal
- Early discussions are vital to ensure inclusivity
- Everyone has responsibility to develop relationships – formal engagement alone is not enough
- Good relationships lead to good communication, identifying where value can be added

What can success look like?

For the Health & Wellbeing Board:



- An open and honest arena for partner organisations to discuss the challenges faced
- Development of a comprehensive analysis of health and social care needs and assets
- Balancing those needs against national and local policy it has developed a robust strategy to improve health and social care and reduce inequalities which is well understood and accepted
- Constructive working relationship with Health Scrutiny

For Scrutiny:

- Influenced health and social care in a variety of ways by encouraging transparency, involvement and accountability throughout the planning and delivery of services
- Reviews provide timely evidence and constructive recommendations to commissioners and providers
- Early involvement in discussions around reconfiguration of services
- Acts as a 'bridge' between politicians, professionals and communities, so that solutions are identified collaboratively.

For Healthwatch Harrow:

- Involving a wide range of people and groups so that a comprehensive voice is heard at HWB, and this is reflected in strategies and commissioning plans for health and social care
- Problems are brought to the quick attention of partners, knowing that they are acted upon
- Gathering evidence and supporting scrutiny reviews

### **The way forward – next steps**

It is particularly timely in Harrow to develop a protocol of working between Scrutiny, the HWB and Healthwatch Harrow. Many things are coming together at the same time locally – the HWB is now fully established, the JSNA is being refreshed (to be published in May 2015) with the Joint Health and Wellbeing Strategy being developed shortly after, and a new Healthwatch service for Harrow has been commissioned with the new contract starting in April 2015. Healthwatch Harrow is a key player in the relationship around sharing local intelligence to inform discussions on better wellbeing outcomes for local communities, and has membership on both the HWB and Health & Social Care Scrutiny Sub-Committee.

A suggested way forward would be to agree a set of shared principles for the three bodies and develop these as a protocol of working with a view to regular review. Officers coordinating their respective work programmes could be charged with regularly ensuring that they are complementary. Now that a new contract for HealthWatch Harrow has been established, engagement on developing the protocol with Healthwatch could perhaps form part of Healthwatch's programme of early engagement with key stakeholders.

**Nahreen Matlib, Senior Policy Officer**  
**April 2015**

## Appendix A: Key member roles in Scrutiny/HWB relationship 2014/15

Overview & Scrutiny Committee	Chair: Cllr Jerry Miles (L) Vice-Chair: Cllr Paul Osborn (C)
Health & Social Care Scrutiny Sub-Committee	Chair: Cllr Rekha Shah (L) Vice-Chair: Cllr Michael Borio (L)  Advisor from Healthwatch Harrow: Julian Maws
Scrutiny Leads:  Community Health & Wellbeing  Health	  Policy: Cllr Chris Mote (C) Performance: Cllr Kiran Ramchandani (L)  Policy: Cllr Michael Borio (L) Performance: Cllr Vina Mithani (C)
NW London Joint Health Overview and Scrutiny Committee	Member: Cllr Rekha Shah (L) Reserve: Cllr Vina Mithani (C)
Council members on Health & Wellbeing Board	Chair: Cllr Anne Whitehead (L) Cllr Simon Brown (L) Cllr Margaret Davine (L) Cllr Janet Mote (C)  Chair of Healthwatch Harrow (voting member): Arvind Sharma

## Appendix B: Powers and duties

**Harrow's Health and Social Care Scrutiny Sub-Committee has the following powers and duties<sup>4</sup>:**

1. To be the key driver of the scrutiny function's health and social care scrutiny programme and maintain relationships with health and social care colleagues and partners in relation to shared stated priorities, in consultation with the Overview & Scrutiny Committee.
2. To be responsible in accordance with Regulation 28 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for scrutiny of the Council's health functions other than the power under Regulation 23(9) to make referrals to the Secretary of State.
3. To recommend to Council that a referral be made to the Secretary of State under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.
4. To have specific responsibility for scrutiny of the following functions:
  - health and social care infrastructure and service
  - NHS England, Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board
  - Public Health
  - other policy proposals which may have an impact on health, public health, social care and wellbeing
  - collaborative working with health agencies
  - commissioning and contracting health services;
5. To review the planning, provision and operation of Health services in Harrow and ensure compliance with Regulation 21(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by inviting and taking account of information and reports from local health providers and other interested parties including the local HealthWatch.
6. Where a referral is made through the local HealthWatch arrangements, to comply with Regulation 21(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by ensuring that the referral is acknowledged within 20 days and that the referrer is informed of any action taken.
7. Where appropriate, to consider and make recommendations for response to NHS consultations on proposed substantial developments/variations in health services that would affect the people of LB Harrow.
8. Where appropriate, to consider and make recommendations for response to consultations from local health trusts, Department of Health, Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.
9. Continue to seek the development of relationship with NHS England, CCGs, Health and Wellbeing Boards, Care Quality Commission, HealthWatch and the Local Medical Council.

**Harrow's Health and Wellbeing Board<sup>5</sup>** is set up in accordance with section 102 of the Health and Social Care Act 2012. The Council can choose to delegate decision making powers to the Health and Wellbeing Board. Any recommendations are subject to the agreement of the Leader of the Council if they are not covered by the delegated authority.

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<sup>4</sup> <http://www.harrow.gov.uk/www2/mgCommitteeDetails.aspx?ID=1037>

<sup>5</sup> <http://www.harrow.gov.uk/www2/mgCommitteeDetails.aspx?ID=1280>

Statutory health and wellbeing boards will have 3 main functions:

- to assess the needs of the local population and lead the statutory joint strategic needs assessment
- to promote integration and partnership across areas, including through promoting joined up commissioning plans across NHS, social care and public health
- to support joint commissioning and pooled arrangements, where all parties agree this makes sense

The Board will cover both adult and children's issues.

The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services social care and housing services.

The key responsibilities of the Health and Wellbeing Board are:

- To agree health and wellbeing priorities for Harrow
- To develop the joint strategic needs assessment
- To develop a joint health and wellbeing strategy
- To promote joint commissioning
- To ensure that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy
- To have a role in agreeing the commissioning arrangements for local Healthwatch
- To consider how to best use the totality of resources available for health and wellbeing.
- To oversee the quality of commissioned health services
- To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services
- To monitor the outcomes of the public health framework, social care framework and NHS framework introduced from April 2013)
- To authorise Harrow's Clinical Commissioning Group annual assessment
- To produce a Pharmaceutical Needs Assessment and revise every three years (First PNA to be produced by 1<sup>st</sup> April 2015)
- Undertake additional responsibilities as delegated by the local authority or the Clinical Commissioning Group e.g. considering wider health determinants such as housing, or be the vehicle for lead commissioning of learning disabilities services.

#### **Healthwatch Harrow:**

- Provides information and signposting to help people choose and access services.
- Signposts people to independent complaints advocacy so that people can, if they need to, complain about services.
- Provides information about people's views and experiences of health and social care to make sure they are taken in to consideration when services are planned and delivered.

<sup>6</sup>The Health & Social Care Act 2012 imposes a duty on upper tier and unitary local authorities to contract with a Local Healthwatch organisation for the involvement of local people in the commissioning, provision and scrutiny of health and social services. These arrangements should include reporting arrangements to HWE (Section 182). Local Healthwatch organisations will not themselves be statutory bodies (ie they are not created by the Act).

The Act also makes provision for contractual arrangements between local authorities and Local Healthwatch, which must be a social enterprise. It also enables local authorities to authorise Local

<sup>6</sup> Taken from Policy Briefing by LGiU: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=f42d723c-1330-443e-a3a2-baff90676316](http://www.local.gov.uk/c/document_library/get_file?uuid=f42d723c-1330-443e-a3a2-baff90676316)

Healthwatch organisations to contract with other organisations or individuals (known in the Act as Local Healthwatch contractors) to assist them to carry out their activities. Local authorities are given a number of duties in relation to monitoring and reporting on the work of Local Healthwatch (Section 183). The Secretary of State has powers to regulate the contractual relationships between local authorities, Local Healthwatch organisations and Local Healthwatch contractors (Section 184).

Under the Act, the Secretary of State can make regulations to require commissioners and providers of health or social care to respond to requests for information or reports or recommendations of Local Healthwatch organisations and to allow members of Local Healthwatch entry to premises (Section 186). The Secretary of State can also regulate for local authority overview and scrutiny committees to acknowledge referrals to them from Local Healthwatch. It is intended that service providers, such as local authorities and NHS bodies, will be under a duty to respond to Local Healthwatch recommendations. Commissioners and providers will also have to have regard to the reports and recommendations and will have to be able to justify their decision if they do not intend to follow through on them.

Local Healthwatch organisations must produce an annual report on their activities and finance and have regard to any guidance from the Secretary of State in preparing these reports. Copies of the annual reports must be sent to the NHS Commissioning Board, relevant Clinical Commissioning Groups and HWE among others specified in previous legislation (Section 187).

The legislation permits the Secretary of State to transfer property, rights, liabilities and staff from Local Involvement Networks (LINKs) to Local Healthwatch, to assist local authorities to transfer arrangements from LINKs to Local Healthwatch. A transfer scheme may require a local authority to pay compensation to a transferring organisation/LINK (Section 188). Local authorities must have regard and must require Local Healthwatch to have regard to guidance from the Secretary of State on managing potential conflicts of interests between being funded by local authorities and being able to challenge them effectively when required (Sections 183 and 187).