

## **Protocol between Harrow Local Involvement Network (LINK) and Harrow Overview and Scrutiny Committee (OSC)**

### **1. Introduction**

- 1.2 LINKs legislation introduced under the Local Government and Public Involvement in Health Act 2007 provides for the power of referral from the LINK to the Overview and Scrutiny Committee of the local authority on matters concerning health and social care service provision.
- 1.3 This Protocol is designed to guide the relationship between the Harrow OSC and the Harrow LINK, to aid communication, co-operation and understanding.

### **2. Purpose of the Protocol**

- 2.1 To guide the exchange of information and work programmes between the OSC and the LINK.
- 2.2 To establish mechanisms for referring items between the OSC and the LINK
- 2.3 To foster co-operation and avoid duplication in work programmes
- 2.4 To strengthen the scrutiny process

### **3. Legislation**

- 3.1 Under the Local Government and Public Involvement in Health Act 2007 a LINK can refer a matter relating to health and social care services to the relevant scrutiny committee of a local authority.
- 3.2 The Overview and Scrutiny Committee must:
- 3.3 Acknowledge receipt of the referral within 20 working days
- 3.4 Keep the referrer informed of the OSC's actions in relation to the matter
- 3.5 Take into account any relevant information provided by the LINK
- 3.6 Decide whether or not the referral is within its terms of reference and can add value through scrutiny

### **4. Working Principles**

- 4.1 The OSC and the LINK share common aims of improving health, reducing health inequalities and improving access to, and the quality of, local health and social care services. As such there is value in the bodies co-operating in accordance with the following principles.
- 4.2 The OSC and the LINK will:
  - 4.2.1 Develop a shared understanding of each other's roles, responsibilities and priorities

4.2.2 Exchange information gathered to avoid duplication, to share learning and to inform each other's programme of work

4.2.3 Work in a climate of mutual respect and courtesy

4.2.4 Respect each other's independence and autonomy

## **5. Adding Value Through Joint Work**

5.1 The OSC and the LINK have different roles and responsibilities, but both aim to improve people's experiences by influencing the development and delivery of services locally.

5.2 Benefits from joint working between the OSC and the LINK can include:

5.2.1 Providing a picture of what is happening for patients, service users, carers and the public by providing information about people's experiences collected by the LINK to add value to scrutiny reviews undertaken by the OSC

5.2.2 Sharing different perspectives about issues for local people to help identify priorities within work programmes for the LINK and the OSC

5.2.3 Providing opportunities to measure impact by monitoring whether health and social care commissioners and providers implement recommendations from the LINK and the OSC

5.2.4 Providing an effective route for formal referrals from the LINK to the OSC

5.2.5 Reducing the burden on health and social care organisations to provide information and encouraging them to be more receptive to recommendations from the OSC and the LINK

5.2.6 Improving decision making across health and social care about the development and delivery of services

5.2.7 Avoiding duplication and complementing each other's roles

5.2.8 Developing a strong community perspective on health and social care matters that influences change and informs regulation and assessment of services.

## **6. Referrals from the LINK to the OSC**

6.1 Regulations produced by the Department of Health in support of the Local Government and Public Involvement in Health Act 2007 enable a LINK to refer issues to their local OSC for consideration.

6.2 In accordance with these Regulations the LINK will:

6.2.1 Refer any broad, strategic issues that they feel warrant further investigation, to the relevant OSC for consideration. This will usually be due to a lack of satisfactory response from providers or commissioners to a LINK recommendation.

- 6.2.2 Make all referrals in writing through the Host to the Chair of OSC via the Council Scrutiny Unit
- 6.2.3 Ensure that all referrals are evidence based and not founded on hearsay or individual complaints
- 6.3 In response to a referral, the OSC will:
  - 6.3.1 Acknowledge receipt of the referral in writing within 20 working days of receipt of the referral
  - 6.3.2 Consider the referral at the next convenient Committee meeting and decide whether it should, on the basis of the information provided, review and scrutinise the health or social care services or decision or action or lack of action being detailed in the referral
  - 6.3.3 Advise the LINK in writing as to whether the Committee intends to take further action in response to any referral, or the reasons for no further action being taken
  - 6.3.4 Keep the referring LINK informed of its actions in relation to the referrals whether or not it does review and scrutinise
  - 6.3.5 Advise the LINK in writing of the outcome of any review undertaken by the Committee in response to a referral

## **7. Referrals from the OSC to the LINK**

- 7.1 The OSC may refer to the LINK an issue in relation to a specific health or social care service that would merit further investigation through targeted community consultation. All referrals should be made in writing to the LINK through the Host.
- 7.2 In response to a referral the LINK will:
  - 7.2.1 Acknowledge receipt of the referral in writing within 20 working days of receipt of the referral
  - 7.2.2 Consider the referral at the next appropriate LINK meeting and decide whether it should, on the basis of the information provided, comply to investigate the matter in the referral
  - 7.2.3 Advise the OSC in writing as to whether the it intends to take further action in response to the referral, or the reasons for no further action being taken
  - 7.2.4 Keep the referring OSC informed of its actions in relation to the referrals whether or not it does review and scrutinise
  - 7.2.5 Advise the OSC in writing of the outcome of any review undertaken by the Committee in response to a referral

## **8. Obligations of the OSC**

- 8.1 To keep the LINK informed of their activity by providing agendas and minutes and other relevant paperwork

- 8.2 To seek the views of the LINK when formulating its work programme and at the scoping phase of any major reviews
- 8.3 To provide the LINK with copies of any reports published by the OSC
- 8.4 To consider inviting the LINK to contribute to a Scrutiny Review by attending to give evidence, providing information and data or identifying useful contacts
- 8.5 To consider referrals of issues received in writing from the LINK for inclusion in the OSC work programme at the next convenient Committee meeting

## **9. Obligations of the LINK**

- 9.1 To keep the OSC informed of their activity by providing agendas and minutes and other relevant paperwork
- 9.2 To seek the views of the OSC when formulating work programmes to reduce the likelihood of duplication
- 9.3 To provide the OSC with copies of any reports published by the LINK
- 9.4 To invite Members of the OSC to comment on relevant issues being investigated by the LINK
- 9.5 To consider referrals of issues received in writing from the OSC for inclusion in the LINK's work programme

## **10. Communications**

- 10.1 Communications and exchange of information between the LINK and OSC will normally be through the Host and the Scrutiny Unit
- 10.2 The regular exchange of information between OSC and the LINK is to be encouraged and opportunities for this to be fostered
- 10.3 Informal meetings between the Chairs and other lead Members are strongly advised
- 10.4 This will enable any issues arising to be discussed at an early stage and referrals, joint working and planning discussed
- 10.5 Meeting Agendas and minutes, reports and proposals should be shared

## **11. Annual Health Check**

Where there has been joint work or work focusing on the same issues, it may be helpful for the OSC and the LINK to discuss their draft Commentaries prior to submitting them to the relevant body for inclusion in the Self Assessment Declaration under the Annual Health Check as regulated by the Care Quality Commission.

## **12. Checklist for effective joint working**

- 12.1 Understand the responsibilities, roles and structure of OSCs and LINKs in the area
- 12.2 Work with local health and social care organisations to keep up to date with what they are doing and what their priorities are
- 12.3 The OSC and the LINK should communicate regularly, both formally and informally
- 13.4 Agree 'rules of engagement' or protocols and review them regularly
- 13.5 Encourage support staff and officers to communicate with each other on a regular basis
- 13.6 Agree joint planning meetings or events to identify local priorities
- 13.7 Be realistic about setting priorities, identifying those that can be addressed or influenced and those that cannot
- 13.8 Focus on outcomes not just processes
- 13.9 Build in time within work programmes to address issues that may arise throughout the year
- 13.10 Agree at times to differ – the roles are complementary not competitive

#### 14. Summary of Roles, Responsibilities and Powers

<b>The OSC</b>	<b>The LINK</b>
Elected members with powers to scrutinise health and social care issues	A Network of local people and organizations finding out views about local health and social care services
Take a broad overview of local health and social care issues then scrutinise priority areas	Investigate specific issues of concern to the community
Scrutinise health and social care impact of Local Authority services, for example education and transport	Send reports and make recommendations to providers and commissioners and receive a response
No powers to 'enter and view'	Authorise representatives to be able to 'enter and view' premises to see if services are working well
Right to require information and attendance from cabinet members, senior council officers and NHS staff	Ask for information from providers and commissioners and get an answer in a specified amount of time
Define substantial developments and variations of health services	Use opportunities to suggest ideas to help improve services
Refer proposals for health service changes to Secretary of State in specific circumstances	Use powers to hold providers and commissioners to account and get results
Make recommendations and require a response from NHS bodies and Council Executive	Refer issues to relevant OSCs
<b>Common functions and rights</b>	
Both act as a 'critical friend' to health and social care providers and commissioners	
Both must provided with information by health and social care organisations	
Health and social care organisations required to respond to recommendations made by both	

#### 15. Review of Protocol

- 15.1 The Protocol should be reviewed annually but more frequently in the light of changes in legislation