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## Health Overview and Scrutiny Committee

15 January 2014

Report of the Deputy Chief Executive and Director of Health and Wellbeing

### **Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee**

#### **Summary**

1. This report asks the Health Overview and Scrutiny Committee (HOSC) to consider their working relationship with the Health and Wellbeing Board (HWBB) and puts forward some suggestions as to how this can be progressed.
2. The ultimate aim of this report is to look at ways of building a robust working relationship between the two bodies.

#### **Background**

3. The Health Overview and Scrutiny Committee and the Health and Wellbeing Board perform two discrete functions within the Council's formal meeting structure as summarised below:

#### Role of the HOSC

4. The HOSC is a Committee of the Council and is comprised of seven cross-party elected members. The Committee has the power to hold both the Local Authority and NHS bodies to account for the health and social care services they provide. From April 2013 all commissioners and providers of publically funded health and social care have been covered by these powers, along with the health and social care policies arising from the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWBS) for the city. The HOSC *must* be consulted by local NHS bodies when they are planning to make major changes to services.

The Committee can seek to influence the proposed changes and work collaboratively with the NHS; however, if after this the Committee still considers the changes not to be in the best interests for the city's residents it can ask the authority to refer the matter to the Secretary of State for Health.

5. In addition to this the HOSC can undertake discrete reviews around specific topics and make recommendation to the Local Authority or any publically funded health organisation that improvement be made.

#### Role of the HWBB

6. The Health and Wellbeing Board is a Committee of the Council with 15 members including local Councillors, the Director of Public Health and Adult Social Services, the Director of Children's Services and the Chief Executive at City of York Council, the Clinical Commissioning Group (CCG), Healthwatch York, York Council for Voluntary Service, Leeds and York Partnership Foundation Trust, York Teaching Hospital NHS Foundation Trust, NHS England, Independent Care Group and North Yorkshire Police.
7. The overall purpose of the Board is to bring together bodies from the NHS, public health and local government, including Healthwatch as the patient's voice, jointly to plan how best to meet local health and care needs. Their three principal statutory duties are:
  - i. To assess the needs of their local population through a JSNA
  - ii. To set out how these needs will be addressed through a Joint Health and Wellbeing Strategy (JHWBS) that offers a strategic framework in which CCGs, local authorities and NHS England can make their own commissioning decisions
  - iii. To promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets

## Developing the Relationship

8. Whilst needing to be mindful of the distinct roles both the HOSC and HWBB undertake there would be merit in developing the relationship between the two bodies to avoid duplication of work, to undertake complementary work and to gain an understanding of how best to work together.
9. Some areas across the country have started to develop protocols, guidelines, memoranda of understanding and/or frameworks setting out these relationships. In particular it is noted that most of these are at least three-way and include the local Healthwatch as well.
10. In order to progress this and start to work together in a more structured, yet flexible way, the following are suggested ways forward:
11. Meetings - An annual meeting or bi-annual meetings between the Chairs of HOSC, HWBB and potentially the Partnership Boards that sit beneath the HWBB (this could also include key officers). This would allow for informal information sharing on current work streams, issues, concerns and pressures. It would be useful if Healthwatch York, as the acknowledged lead representative of the patient voice, were invited to these meetings as well in order that they might share their work programme.
12. The Chairs of both the HWBB and HOSC are invited, as observers, to each other meetings although it is recognised that this may not always be possible. Where possible key officers should also attend as observers.
13. Annual Scrutiny Work Planning Event - The HWBB will submit into the annual scrutiny work planning event (usually held April each year) any work streams that can be shared to avoid duplication of work.
14. Development of a Framework - The development of a framework, which allows flexible working between the HOSC, HWBB and the patient voice. Any framework would set out the clearly defined roles for each of these areas and give useful examples of ways of working together on specific issues such as commissioning or reconfiguration of services along with some example scenarios. It could also clearly set out the role of each body in terms of the JSNA and the JHWBS.

15. Guidelines on reporting lines would also be included, together with how to make referrals from one body to another (i.e. HWBB suggesting that HOSC may want to undertake a specific review).
16. Any framework developed would need to be flexible and would be put in place on the understanding that both HOSC and HWBB are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions that they might reach.

### **Consultation**

17. To date both officers working in the Scrutiny Team and in the Public Health Team have been asked to input into this report. Dependent on the preferred way forward then a representative for the patient voice would also need to be identified and included in the process of any framework developed.

### **Options**

18. Members can either:
  - (i). Choose to progress the suggestions at paragraphs 11-16 of this report, including developing a draft framework to be considered at a future meetings of HOSC and HWBB
  - (ii). Choose not to progress the options at paragraphs 11-16 of this report.

### **Analysis**

19. Given the common aims of the HOSC and HWBB are to improve health outcomes and ensure the commissioning and delivery of appropriate health and social care services for the residents of York, it is vital that they aim to:
  - work in a climate of mutual respect, courtesy and transparency in partnership
  - have a shared understanding of their respective roles, responsibilities, priorities and different perspectives
  - share work programmes

20. Putting into place the suggestions within this report for an operational framework would, ultimately, move us closer to these aims.
21. It should be noted that the aims of both HWBB and HOSC are unlikely to happen effectively without the patient voice being heard. It is therefore suggested that any framework developed should be between HOSC, HWBB and a representative of the patient voice.
22. As part of the process of preparing this report guidance from the Centre for Public Scrutiny (CfPS) has been referred to, as have some examples of frameworks put in place in other areas. The guidance from CfPS and an example of one framework have been attached as background papers to enable the Committee to better understand roles and relationships as well as gaining some idea of what a framework may look like.
23. It is acknowledged that the local Healthwatch is the consumer champion for health and social care which represents the patient voice; however there may be times, dependent on the issues under discussion, when other organisations representing the patient voice need to be involved.
24. It is therefore suggested that the Committee consider asking Healthwatch York to undertake the patient voice role in any framework developed.

### **Council Plan 2011-2015**

25. This report is linked with the protecting vulnerable people element of the Council Plan 2011-2015.

### **Implications**

26. There are no known implications associated with the recommendations within this report.

### **Risk Management**

27. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations within this report. However there is a risk that work around the wider health agenda will not be cohesive without a framework or some clear guidelines being put in place.

## Recommendations

28. It is recommended that option (i) be developed and a further report be submitted to future meetings of this Committee and HWBB, setting out a proposed framework

Reason: In order to establish a strong working relationship between HOSC, HWBB and the patient voice in York.

## Contact Details

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Report  
Approved



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Specialist Implications Officer(s) None

### Wards Affected:

All

For further information please contact the author of the report

### Background Papers:

Background Paper 1 – Centre for Public Scrutiny Guidance – Local Healthwatch, Health and Wellbeing Boards and Health Scrutiny (Roles, Relationships and Adding Value) (Online Only)

Background Paper 2 – Example Framework – Working Together to Improve Outcomes for the People of Leicestershire (Online Only)

### Annexes

Annex A- Abbreviations used within the report