

# **Memorandum of Understanding between Warwickshire Health and Wellbeing Board, Healthwatch Warwickshire, Children and Young People Overview & Scrutiny Committee and the Adult Social Care and Health Overview & Scrutiny Committee**

## **Introduction**

1. This Memorandum of Understanding (MoU) sets out a simple framework for the working relationship between Warwickshire Health and Wellbeing Board (WHWBB), Healthwatch Warwickshire (HWW), Children and Young People Overview & Scrutiny Committee (CYPOSC) and Adult Social Care and Health Overview & Scrutiny Committee (ASCHOSC).
2. All organisations recognise that there are distinct and unique relationships between them. Accordingly, the framework set out in this MoU takes account of these relationships and specifies the ways in which all bodies will work together in delivering their respective statutory functions (See Annex I).
3. This MoU cannot override the statutory duties and powers of any of the organisations, and is not enforceable in law. However, all organisations agree to adhere to the principles set out in this MoU and will show regard for each other's activities.
4. The MoU sets out the principles that the organisations will follow in the course of day-to-day working relationships. The MoU may need to be supported by protocols and other documents not included in this framework which set out in more detail operational considerations of how the organisations will work together.

## **Principles of cooperation**

5. WHWBB, HWW, CYPOSC and ASCHOSC agree that their working relationship will be guided by the following principles:
  - I. The need to make decisions which promote the safety, health and wellbeing of the Warwickshire population
  - II. Respect for each organisation's independence
  - III. The need to maintain public confidence
  - IV. Openness and transparency
  - V. The need to use resources efficiently and effectively and avoid duplication
  - VI. Respect for each organisations statutory roles
6. A co-operative working relationship includes:
  - i. Cross-referral of concerns

- ii. Information sharing having regard to appropriate confidentiality (See Annex II for relevant contacts)
- iii. Seeking local resolutions to common issues
- iv. A focus on system delivery issues
- v. Integration of Health and Social Care Services where possible.
- vi. Focus on the Customer journey/experience

## **Relationships**

### **7. Warwickshire Health and Wellbeing Board and Healthwatch Warwickshire**

- As per legislation (Health and Social Care Act 2012), a representative of HWW sits on WHWBB as a full voting member.
- HWW will produce regular reports to and advise WHWBB on the issues and needs of the local population in order to better inform the Board's decisions and support their engagement with the population of Warwickshire.
- HWW will participate as part of the WHWBB Executive Team in driving forward the health and wellbeing agenda, and ensuring a co-ordinated and cohesive approach to delivery.
- Ensure policy reports, including at least once a year a report from HWW on customer priorities, are discussed at WHWBB; to allow time for scrutiny of service delivery at ASCHOSC.
- HWW will contribute to the formulation of the work programme through discussions at the WHWBB development sessions and consideration of the forward plan at Board meetings.

### **8. Warwickshire Health and Wellbeing Board and Children and Young People Overview & Scrutiny Committee**

- WHWBB and CYPOSC will maintain dialogue with each other, as relevant, about the issues, risks and challenges involving wellbeing of children and young people in Warwickshire.
- CYPOSC will share with the WHWBB relevant recommendations and/or information following the scrutiny of local children social care services, which WHWBB will use to support partners and to inform future priorities.
- WHWBB will share its annual report with CYPOSC who may wish to comment on it and provide constructive feedback on the Board's priorities and performance.

- WHWBB will consult CYPOSC on both the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, before these are finalised.
- Senior members/spokes/chairs' meeting will be used to ensure key priority areas are reviewed through appropriate routes whilst avoiding unnecessary duplication of reports and scrutiny.

#### **9. Warwickshire Health and Wellbeing Board and Adult Social Care and Health Overview & Scrutiny Committee**

- The WHWBB and ASCHOSC will maintain dialogue, as relevant, with each other about the issues, risks and challenges involving health and wellbeing of the local population as well as health and social care in Warwickshire.
- ASCHOSC will share with the WHWBB relevant recommendations and/or information following the scrutiny of local health and social care services, which WHWBB will use to support partners and to inform future priorities and policies.
- ASCHOSC will receive an annual report on the performance of WHWBB and will act as a critical friend to the Board's activity and hold the Board to account on the delivery of its statutory obligations.
- WHWBB will consult ASCHOSC on both the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, before these are finalised.
- Senior members/spokes/chairs' meeting will be used to ensure key priority areas are reviewed through appropriate routes whilst avoiding unnecessary duplication of reports and scrutiny.

#### **10. Adult Social Care and Health Overview & Scrutiny Committee and Healthwatch Warwickshire**

- HWW to be consulted with regard to the planning of scheduled meetings, changes and/or cancellations with due regard for notice given.
- HWW will regularly communicate with ASCHOSC and feed into their work programme.
- ASCHOSC may commission HWW to undertake specific investigations or research.
- ASCHOSC will contribute to the HWW's work programme and will scrutinise its outcomes via an annual report.

- HWW to be actively involved in setting questions for scrutiny of service delivery, based on evidence collected from HWW contracts.
- Senior members/spokes/chairs' meeting will be used to ensure key priority areas are reviewed through appropriate routes whilst avoiding unnecessary duplication of reports and scrutiny.

**11. Children and Young People Overview & Scrutiny Committee and Healthwatch Warwickshire**

- HWW will regularly communicate with CYPOSC and both organisations will contribute to each other's work programmes.
- CYPOSC may commission HWW to undertake specific investigations or research.
- HWW will be sent an electronic copy of the agendas for the meetings

Resolution of disagreement

12. Any disagreement between WHWBB, HWW, CYPOSC and ASCHOSC will, wherever possible, be resolved at working level. If this is not possible, it will be brought to the attention of the MoU managers and/ or signatories who will then be jointly responsible for ensuring a mutually satisfactory resolution.

SIGNATORIES

.....  
 Chair of Warwickshire  
 Health & Wellbeing Board

.....  
 Chair of Healthwatch  
 Warwickshire

.....  
 Chair of Children & Young People  
 Overview & Scrutiny Committee

.....  
 Chair of Adult Social Care and Health  
 Overview & Scrutiny Committee

## **1. STATUTORY FUNCTIONS OF HEALTH & WELLBEING BOARDS**

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.

*Health and wellbeing boards A practical guide to governance and constitutional issues – LGA/ ADSO 2013)*

## **2. STATUTORY FUNCTIONS OF LOCAL HEALTHWATCH**

As part of the Health and Social Care Act 2012 and Regulations, the functions of Local Healthwatch are:

Function One: Gathering views and understanding the experiences of patients and the public

- Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care.
- Seek the community's views about the current provision of health and social care and use this to identify the need for changes or additions to services.
- Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle

Function Two: Making people's views known

- Communicate the local community's views to health and social care commissioners and providers.
- Represent local people's views through its membership on the Health and Wellbeing Board.
- Present regular reports, on the local views and concerns and its activities, as required, to Healthwatch England, a committee of Care Quality Commission.

Function Three: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised

- Give input to new or proposed services.
- Act as a critical friend to commissioners and providers of services to help bring about improvements.
- Exercise their "Enter and View" powers judiciously by working collaboratively with other inspection regimes.
- Cooperate with and feed into the County Council's Overview and Scrutiny functions and work programmes.

Function Four: Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)

- Making recommendations for special reviews or investigations to the Care Quality Commission through Healthwatch England based on robust local intelligence.

Function Five: Providing advice and information (signposting) about access to services and support for making informed choices

- Influence or provide information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them.

Function Six: Making the views and experiences of people known to Healthwatch England (and to other local Healthwatch organisations) and providing a steer to help it carry out its role as national champion

- Ensure local intelligence gathering systems complement those established by Healthwatch England.
- Develop/ abide by protocols to ensure effective and efficient information sharing with other local Healthwatch organisations.

### **3. STATUTORY FUNCTIONS OF HEALTH SCRUTINY**

The statutory powers of health are the powers to:

- a) review any matter relating to the planning, provision and operation of health services in their area;
- b) request information from health bodies and relevant health service providers;
- c) require attendance of NHS staff and members of relevant health service providers at scrutiny meetings;
- d) make reports and recommendations to NHS bodies, relevant health service providers and the local authority, and expect a response where one is requested within 28 days;
- e) respond to consultations by NHS bodies and relevant health service providers on matters of substantial variations or developments to health services. They must publish timescales for making such responses;
- f) refer contested service changes to Secretary of State on specific grounds. They must provide robust evidence in support of this and publish clear timescales within which the referral will be made;
- g) co-opt representatives onto their health scrutiny arrangements;
- h) delegate health scrutiny powers to another local authority, or to a joint committee of a number of local authorities;
- i) delegate health scrutiny powers to a HOSC, where one is retained under s244 (as amended). *In Warwickshire these powers have been delegated to ASC&HOSC;*
- j) delegate some health scrutiny functions where a HOSC has not been retained in favour of an alternative mechanism such as a s101 committee;
- k) form joint scrutiny arrangements with other local authorities. This is mandatory in relation to proposals for substantial service change.

#### **4. STATUTORY FUNCTIONS OF OVERVIEW AND SCRUTINY COMMITTEES**

Within their terms of reference (see below) Overview and Scrutiny Committees have the following general powers to

- i. assist the council and the executive in the development of its budget and policy framework by considering policy issues;
- ii. review and/or scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions or matters of public interest affecting the delivery of public services in Warwickshire;
- iii. make reports and/or recommendations to the full council and/or the executive and/or other committees, including joint or area committees in connection with the discharge of any functions and to relevant outside bodies;
- iv. question members of the executive and other committees and chief officers about their views on issues and proposals affecting the area;
- v. exercise the right to call-in decisions made but not yet implemented by the executive, any area committees exercising executive function and officers making key executive decisions;
- vi. exercising the powers of the council to request information from partners relating to local improvement targets;
- vii. consider any matter affecting the area or its inhabitants.

#### **Children and Young People Overview and Scrutiny Committee**

To review and/or scrutinise the provision of public services in Warwickshire relating to education and skills, services for children, families and young people including schools, 16-19 years education, pre-school children, Connexions, child protection, family support and social care, children with specific needs and the youth service.

#### **Adult Social Care and Health Overview and Scrutiny Committee**

To review and/or scrutinise the provision of public services in Warwickshire relating to adult social care services including social care to older people and people with disabilities, policies and services for safeguarding adults and any matter relating to the planning provision and operation of health services for adults and children serving Warwickshire

For more information about the operation of Overview and Scrutiny Committees see Part 2 Section 8 and Part 4 Section 3 of the County Council's Constitution

<http://www.warwickshire.gov.uk/constitution>

## CONTACTS

Health & Wellbeing Board	<p>Chair: Cllr Isobel Seccombe Email: <a href="mailto:isobelseccombe@warwickshire.gov.uk">isobelseccombe@warwickshire.gov.uk</a></p> <p>Coordinator: t6bc Email: <a href="mailto:tbc@warwickshire.gov.uk">tbc@warwickshire.gov.uk</a> Tel: 01926</p> <p>Democratic Services: Paul Spencer Email: <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a> Tel: 01926 418615</p>
Healthwatch Warwickshire	<p>Chair: Philip Robson Email: <a href="mailto:philip@healthwatchwarwickshire.co.uk">philip@healthwatchwarwickshire.co.uk</a></p> <p>Chief Executive: Chris Bain Email: <a href="mailto:chris@healthwatchwarwickshire.co.uk">chris@healthwatchwarwickshire.co.uk</a> Tel: 01926 453964</p>
Children and Young People Overview & Scrutiny Committee	<p>Chair: Cllr Dave Parsons Email: <a href="mailto:daveparsons@warwickshire.gov.uk">daveparsons@warwickshire.gov.uk</a></p> <p>Coordinator: Ben Patel-Sadler Email: <a href="mailto:benpatelsadler@warwickshire.gov.uk">benpatelsadler@warwickshire.gov.uk</a> Tel: 01926 736118</p>
Adult Social Care and Health Overview & Scrutiny Committee	<p>Chair: Cllr Maggie O'Rourke Email: <a href="mailto:maggiemorourke@warwickshire.gov.uk">maggiemorourke@warwickshire.gov.uk</a></p> <p>Coordinator: Paul Spencer Email: <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a> Tel: 01926 418615</p>

Local Healthwatch, health and wellbeing boards and health scrutiny – Roles, relationships and adding value – CfPS 2012

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