

# **Committee: Health and Wellbeing Board**

**Date: 1 October 2013**

Agenda item: 18

Wards: All

## **Subject: Health and Wellbeing Board, Health Scrutiny, and Healthwatch Draft Protocol**

Lead officer: Simon Williams / Kay Eilbert / Chris Frost

Lead member: Councillor Linda Kirby

Forward Plan reference number:

Contact officer: Clarissa Larsen / Stella Akintan / Dave Curtis

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### **Recommendations:**

- 1. To agree the Protocol agreement between Health Scrutiny, HealthWatch and the Health and Wellbeing Board.**
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### **PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

#### **1. BACKGROUND**

- 1.1 From 1 April 2013 the major changes introduced by the Health and Social Care Act 2012 have come into being. These changes include the creation of: Health and Wellbeing Boards to promote partnership working and integrated health and social care; Healthwatch Merton to ensure that service users, carers and public views are represented when strategic decisions are taken; and Health Scrutiny to provide broadened local accountability, transparency and a critical friend challenge.
- 1.2 This Merton Protocol has been developed as an agreement between these three bodies. It is vital that each body work effectively together, in an efficient way to reduce the burden on finite resources.
- 1.3 Whilst the roles are distinct it is recognised that there is a risk of possible duplication between the bodies and potential overlap of work. The Merton Protocol is designed to minimise this and optimise the opportunities to integrate resources and work well together.

#### **2. DETAILS**

- 2.1 A copy of the full draft protocol agreement is included in Appendix 1. It sets out the areas of agreement under the protocol, including:
  - Shared work programmes
  - Information sharing and updates

- Contribution to major pieces of work
- Sharing resources
- Referrals between the three organisations

### **3. ALTERNATIVE OPTIONS**

3.1 None for the purpose of this report.

### **4. CONSULTATION UNDERTAKEN OR PROPOSED**

4.1 All three bodies have been involved jointly drafting the protocol.

### **5. TIMETABLE**

5.1 As set out in the draft the Protocol will be reviewed after one year of operation.

### **6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

6.1 The protocol will be delivered within existing resources.

### **7. LEGAL AND STATUTORY IMPLICATIONS**

7.1 None for the purpose of this report.

### **8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

8.1 The Protocol allows for the effective joint working of all partners to address health inequalities .

### **9. CRIME AND DISORDER IMPLICATIONS**

9.1 None for the purpose of this report.

### **10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1 None for the purpose of this report.

## **APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

Appendix 1 – Draft Protocol

### **Appendix 1**

# **Health Scrutiny, Health and Wellbeing Board and Healthwatch**

## **DRAFT Merton Protocol 2013**

### **Background – Reason for the Protocol**

From 1 April 2013 the major changes introduced by the Health and Social Care Act 2012 have come into being. These changes include the creation of: Health and Wellbeing Boards to promote partnership working and integrated health and social care; Healthwatch Merton to ensure that service users, carers and public views are represented when strategic decisions are taken; and Health Scrutiny to provide broadened local accountability, transparency and a critical friend challenge.

This Merton Protocol has been developed as an agreement between these three bodies. It is vital that each body work effectively together, in an efficient way to reduce the burden on finite resources.

Whilst the roles are distinct it is recognised that there is a risk of possible duplication between the bodies and potential overlap of work. The Merton Protocol is designed to minimise this and optimise the opportunities to integrate resources and work well together.

### **DRAFT Joint working Protocol**

#### **1. Share work programmes**

- 1.1 A commitment for each body to produce and maintain an up to date work programme that will be shared with each other.
- 1.2 Agreement for a regular meeting between the lead officers of each of the three bodies to discuss work programmes, identify any potential overlap and opportunities for joint working, to ensure that the principles in this protocol are upheld.

#### **2. Information sharing and updates**

- 2.1 Statutory requirement that a Healthwatch Merton representative is a core member of the Health and Wellbeing Board.
- 2.2 Healthwatch Merton & Health Scrutiny will adhere to the agreed 'referrals between the three organisations' as set out below.
- 2.3 Health Scrutiny to have a standing agenda item 'Update on the Health and Wellbeing Board' from the Chair of the Board who already attends the Panel.
- 2.4 Healthwatch Merton will send a representative to the Healthier Communities and Older People Overview and Scrutiny Panel.

### **3. Contribution to major pieces of work**

- 3.1 Commitment by the Health and Wellbeing Board to ensure that Healthwatch Merton and Health Scrutiny have the opportunity to feed into the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
- 3.2 Commitment by Health Scrutiny that the Health and Wellbeing Board and Healthwatch Merton can contribute to its annual in-depth review on a selected health topic.
- 3.3 Commitment by Healthwatch Merton that the Health and Wellbeing Board and Health Scrutiny in carrying out their major pieces of work can make requests of Healthwatch Merton to lead on, support or further investigate identified areas that require public engagement, involvement or consultation.
- 3.4 All contributions will be within the resources available and should be directed through the lead contact officer listed in the Appendices

### **4. Sharing resources**

- 4.1 To agree joint consultation responses where possible.
- 4.2 To work collaboratively to agree roles and responsibilities on Major pieces of work requiring engagement, involvement or consultation of service users, carers and the public.
- 4.3 When holding events to invite a representative of each body to talk about their work where appropriate. This will provide a more holistic picture of the local landscape.
- 4.4 Each body to consider its communications and newsletters where this can be of joint benefit to the other.

### **5. Referrals between the three organisations**

#### **a) Healthwatch Merton to Health Scrutiny**

In line with the legal framework Healthwatch Merton can refer issues to Health Scrutiny and request they investigate the issue further. The decision to make a referral by Healthwatch Merton will be when it feels that the matter:

- is sufficiently serious to warrant the attention from Health Scrutiny;
- falls within the remit of Health Scrutiny to investigate;
- has been investigated by Healthwatch Merton and needs further action by Health Scrutiny.

Referrals to Health Scrutiny will be made in writing/email by the Healthwatch Merton Manager on behalf of Healthwatch Merton. Health Scrutiny will acknowledge receipt

of such referrals within 20 working days and decide whether its powers are exercisable in the matter and, if they are, whether they are to be exercised.

Health Scrutiny could decide that:

- it does wish to scrutinise the issue
- adds it to future work programme and agrees a date for scrutiny; or

Health Scrutiny will inform Healthwatch Merton of its decision and if the request is supported, any actions planned and progress then made in investigating the issue.

## **b) Health Scrutiny to Healthwatch Merton**

Health Scrutiny may make requests to the Healthwatch Merton to investigate issues and/or to support its own investigations. In considering whether to make such a request it will take account of Healthwatch Merton's remit and powers under legislation.

Requests will be made in writing through the Health Scrutiny Officer to the Manager of Healthwatch Merton who will acknowledge receipt of requests within 20 working days.

Requests will be considered and in deciding whether to accept the request Healthwatch Merton will consider:

- the resources available to action the request;
- existing commitments under the Healthwatch work-plan.

Healthwatch Merton will inform Health Scrutiny of its decision and if the request is supported, any actions planned and progress then made in investigating/researching the issue.

All areas of significant concern should also be referred to the Health and Wellbeing Board for further consideration and/ or recommendations for action.

## **6. Review of Protocol**

This Protocol will be reviewed after the first year of operation.

## **Appendix 1 Role of the three bodies**

### **Healthier Communities and Older People Overview and Scrutiny**

The Borough enjoys a robust scrutiny function which plays an important role in the decision making process in the council. Overview and Scrutiny was introduced by the Local Government Act 2000. Scrutiny has legal powers to monitor and hold to account local health services (Health and Social Care Act 2001) and to scrutinise crime reduction and community safety issues (Police and Justice Act 2006). The Health and Social Care Act 2013 extends the power of scrutiny to all commissioners and providers of publicly funded healthcare and social care will be covered by the powers, along with health and social care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Overview and Scrutiny's main roles are:

- holding the Executive to account
- improving and developing policy
- examining decisions before they are implemented
- engaging with members of the public
- monitoring performance of the council and its partners

More information about Scrutiny at Merton can be found at <http://www.merton.gov.uk/scrutiny.htm> or by phoning the scrutiny team on 020 8545 3864 or emailing [scrutiny@merton.gov.uk](mailto:scrutiny@merton.gov.uk).

Contact Officer:

Stella Akintan, Scrutiny Officer, Democracy Services Team

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Tel: 020 8545 3390

## **Healthwatch Merton**

Healthwatch Merton is independent of the Council and the NHS. It is the local consumer champion representing the voice of Children, Young People and Adults of Merton on health and social care services. It builds up a picture of experience of those who use services as well as wider community needs. Healthwatch Merton will be represented on the Health and Wellbeing Board and on the Healthier Communities and Older People Overview and Scrutiny. It can use these bodies to feed into the JSNA, Health and Wellbeing strategy and ensure that the patient and public views are represented when strategic decisions are taken.

More information on Healthwatch Merton can be found at:

Web: [www.healthwatchmerton.co.uk](http://www.healthwatchmerton.co.uk)

Email: [info@healthwatchmerton.co.uk](mailto:info@healthwatchmerton.co.uk)

Phone: 020 8685 2282

Healthwatch Merton is managed by Merton Voluntary Service Council.

Contact Officer:

Dave Curtis, HealthWatch Merton Manager

[dave@healthwatchmerton.co.uk](mailto:dave@healthwatchmerton.co.uk)

Tel: 020 8685 0249

## Health and Wellbeing Board

Health and Wellbeing Boards (HWBs) have been created to deliver strategic, local leadership in health and wellbeing. The work of HWBs are central to informing the commissioning of health and social care services in Merton and have a core role in encouraging joined up services across the NHS, social care, public health and other local partners.

The HWB brings together the Council, Merton Clinical Commissioning Group, Healthwatch Merton and the voluntary and community sector with a shared focus on improving the health and wellbeing in Merton.

All meetings of the Health and Wellbeing Board are held in public and full details appear on Merton Council's Democratic Services' web pages.

The core members of Merton Health and Wellbeing Board are:

- Cabinet Member for Adult Social Care and Health (Chair)
- Cabinet Member for Children's Services
- Councillor for the Opposition
- Director of Communities and Housing
- Director of Children, Schools and Families
- Director of Public Health
- Merton CCG Chair
- Merton CCG Clinician
- Merton CCG Chief Officer
- Merton CCG Head of Commissioning
- Representative of Healthwatch Merton
- Representative Merton Voluntary Service Council
- Representative of the Community Engagement Network

HWBs are required to produce a Joint Strategic Needs Assessment (JSNA) with Councils and Clinical Commissioning Groups. The JSNA provides a broad base of evidence, a 'picture of place' of local health and wellbeing needs and assets [www.mertonjsna.org.uk](http://www.mertonjsna.org.uk)

The Merton HWB developed a Health and Wellbeing Strategy which sets key priorities and provides the focus for the partnership work of the HWB determining its core areas of influence. The vision for the first Merton Health and Wellbeing Strategy is: *By working with communities and residents, to increase the opportunities for all adults and children to enjoy a healthy and fulfilling life and reduce health inequalities*

Further information on the Health and Wellbeing Strategy is available by emailing [HealthandWellbeingBoard@merton.gov.uk](mailto:HealthandWellbeingBoard@merton.gov.uk)

Contact officer:

Clarissa Larsen, Health and Wellbeing Board Partnership Manager

[Clarissa.larsen@merton.gov.uk](mailto:Clarissa.larsen@merton.gov.uk) Tel: 0208 545 4871