

TELFORD & WREKIN COUNCIL

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 4th
NOVEMBER 2013**

**RELATIONSHIP BETWEEN SCRUTINY AND HEALTHWATCH IN
TELFORD AND WREKIN**

REPORT OF SCRUTINY GROUP SPECIALIST

1.0 PURPOSE

- 1.1 To enable the Health and Adult Social Care Scrutiny Committee to consider the relationship with Telford and Wrekin Healthwatch.

2.0 RECOMMENDATIONS

- 2.1 That the Committee agree the working arrangements with Telford and Wrekin Healthwatch.

3.0 PREVIOUS MINUTES

- 3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 The Health and Social Care Act 2012 not only reformed the arrangements for NHS organisations – but also the local accountability structures for health and social care services. This included:

- Establishing Healthwatch organisations as local consumer champions for health and social care
- Conferring the health scrutiny powers on the Local Authority rather than a Health Overview and Scrutiny Committee and extending health scrutiny powers to all NHS providers.
- Establishing Health and Wellbeing Boards to encourage integrated working between the NHS, Public Health and social care advancing the health and wellbeing of the local population.

- 4.2 The Act came into force on the 1st April 2013 and following consideration

by Council Constitution Committee, Full Council has agreed the necessary arrangements to discharge the health scrutiny function effectively. The contract for Telford and Wrekin Healthwatch was awarded by the Local Authority to Parkwood Health Care and the official launch event was held on 24th October 2013. The Chair of the Health and Adult Care Scrutiny Committee attended a workshop on 24th September arranged by Shropshire Council and Shropshire Healthwatch which considered the roles and relationship of different health and social care organisations, HOSC and regulators with Healthwatch.

5.0 SCRUTINY AND HEALTHWATCH

5.1 The Health and Adult Care Scrutiny Committee and Telford and Wrekin Healthwatch both have roles in the accountability arrangements for health and social care services. The Centre for Public Scrutiny had contributed to the ‘Smart Guide to Engagement’ document which sets out the roles of Healthwatch and Scrutiny in holding NHS commissioners and providers to account.

Council Scrutiny	Healthwatch
Councillors as Community Leaders	Local people and groups
Have a broad overview of local health and social care issues	Ask local people what they think about local health and social care and suggest ideas to help improve services
Scrutinise priority areas, including impact of council services	Investigate specific issues of concern to the community
Have no powers to enter and view	Authorised representatives able to enter and view premises to see if services are working well
A right to require information and attendance from Cabinet Members, senior council officers and NHS staff	Ask for information and get an answer in a specified amount of time
Define substantial developments and variations of health services and require to be consulted	May help NHS develop options for service changes and may submit views during public consultation
Refer proposals for health service changes to the secretary of state in specific circumstances	Refer relevant issues to council scrutiny
Make recommendations and require a response from NHS bodies and council executive	Make reports and recommendations and receive a response
Have a non-executive role to hold decision makers to account	Take decisions through role on Health and Wellbeing Board

5.2 In relation to children’s services the Telford and Wrekin’s Health and

Adult Care Scrutiny Committee can scrutinise the commissioning and provision of NHS services for children and young people (this may be carried out jointly with the Children and Young People Scrutiny Committee where appropriate). Local authority scrutiny of children's social care services is carried out by the children and young people's Scrutiny Committee. Healthwatch's role includes children's and young people's NHS services but does not include children's social care services that are regulated by OfSted.

5.3 In considering Scrutiny's relationship with Healthwatch is it also important to recognise the role of the Joint Health Overview and Scrutiny Committee with Shropshire Council as this has the formal role to Scrutinise County wide services including acute hospital services, community health services and mental health services.

5.4 At the date of writing this report there has been no formal guidance from the Department of Health on Health Scrutiny arrangements or how the relationship with Healthwatch will work in practice (other than the right of the Healthwatch to refer an issue to Scrutiny). The Department of Health Scrutiny Guidance is due to be published at the end of October and may therefore inform the discussion at the Committee meeting. However, Scrutiny in Telford and Wrekin had a good working relationship with the Local Involvement Network and this can be used as a starting point for discussion with Healthwatch:

- Co-opted representatives on the Health and Adult Care Scrutiny Committee and Joint HOSC (co-optees on the Joint HOSC have voting rights)
- Sharing work planning process and agreed work programmes
- Informal meetings of the Scrutiny Chair with Healthwatch Members / officers
- Ongoing communication between supporting officers

5.4 When considering the option to co-opt a Member of Healthwatch on the Scrutiny Committee Members are asked to consider the relevant elements of the Terms of Reference for the Scrutiny Committee and the Co-optee protocol. The current Scrutiny Handbook sets out that, with the exception of the Children and Young People Scrutiny Committee, the number of co-optees will not exceed 50% of the Elected Members membership of the committee. If a Member of Healthwatch were invited as a co-optee on the Health and Adult Care Scrutiny Committee in addition to existing co-optees this exemption would need to be extended to this Committee as there would be 8 Elected Members and 5 Co-opted Members. The terms of reference for the Joint Health Overview and Scrutiny Committee set out that there are 3 Elected and 3 co-opted Members from each authority on the Joint HOSC. It is not possible for the Health and Social Care Scrutiny Committee to

unilaterally change the number of co-opted Members on this committee.

- 5.5 The Health and Social Care Act also sets out that Healthwatch must have a place on the Health and Wellbeing Board which encourages integrated working and prepare the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. Issues regarding any conflict of interest for Healthwatch representatives are outlined in the legal comment in Section 8 of this report.

6.0 EQUAL OPPORTUNITIES

- 6.1 There are no specific equal opportunity impacts arising from this report.

7.0 ENVIRONMENTAL IMPACT

- 7.1 There are no specific environmental impacts arising from this report.

8.0. LEGAL COMMENT

- 8.1 In addition to the legal issues outlined in the report, it would be necessary to ensure co-optees did not act when a conflict of interest arose. The Healthwatch representative nominated to sit on Health and Adult Social Care Scrutiny Committee would need to be different from the representative from that organisation that sits on the Health Wellbeing Board. Also, when the Health and Adult Social Care Scrutiny Committee was scrutinising any Healthwatch related matter, the Healthwatch representative would need to ensure they did not participate in that item.

9.0 LINKS WITH CORPORATE PRIORITIES

- 9.1 Establishing an effective working relationship with Healthwatch will contribute to the corporate priority to improve the health and wellbeing of our communities and address health inequalities

10. OPPORTUNITIES AND RISKS

- 10.1 It is important that Scrutiny and Healthwatch have a good working relationship to ensure that appropriate information is shared and avoid duplication.

11. FINANCIAL IMPLICATIONS

- 11.1 If a member of Healthwatch is co-opted on to the Scrutiny Committee they will be entitled to claim an allowance of £260 per annum. This could be accommodated within the current revenue budget for member allowances. TAS 23.10.13

12. WARD IMPLICATIONS

- 12.1 There are no specific ward implications arising from this report.

13. BACKGROUND PAPERS

- 13.1 None

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