

AGENDA MANAGEMENT SHEET

Name of Committee Overview & Scrutiny Board

Date of Committee 3rd March 2010

Report Title Protocols - Local Involvement Networks and Overview & Scrutiny Working Together

Summary This report suggests protocol arrangements to promote good, effective working arrangements and to avoid duplication of work between OSCs and LINKs.

For further information please contact:

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Would the recommended decision be contrary to the Budget and Policy Framework? No

Background papers None

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Cllrs Appleton, Caborn, Ross, Shilton, Naylor, Longden, Tooth, Rolfe, Balaam and Boad
- Cabinet Member Cllrs Bob Stevens, Colin Hayfield, Izzi Seccombe
- Chief Executive
- Legal Sarah Duxbury
- Finance
- Other Chief Officers David Carter, Graeme Betts, Marion Davis,
- District Councils

Health Authority

Police

Other Bodies/Individuals Sharon Johal HAP UK, Paul Howard HAP UK,
Rachel Pearce NHS Warwickshire, Paul Tolley
Warwickshire CAVA, Nick Gower-Johnson County
Localities and Communities Manager
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FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Board

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation The Warwickshire Local Involvement Network
(LINK)

**Overview & Scrutiny Board
3rd March 2010.**

**Protocols –
Local Involvement Networks and Overview & Scrutiny
Committees Working Together**

**Report of the Strategic Director of Customers, Workforce &
Governance**

Recommendations

That the Overview and Scrutiny Board agree the draft protocols in Appendix 1 for consultation with the Warwickshire LINK.

1. Protocols for Joint Working

- 1.1 The aim of this paper is to put forward suggestions for joint working arrangements between LINKs and OSCs. There is no standard format for protocol arrangements, but these should include:
- a) The organisations signing up to the protocol
 - b) The aim of the protocol
 - c) The respective roles of the organisations
 - d) Principles underlying the commitment for joint working
 - e) The commitment of each partner organisation, including the sharing of information, agreed timescales for responding to requests, 'rules of engagement'
 - f) How issues would be referred, how these will be accepted, what information is required, how this will be communicated
 - g) Methods for addressing issues
 - h) How conflicts of interest will be handled
 - i) Joint working arrangements between LINKs and OSCs in conducting reviews how the arrangement will add value etc.
 - j) A date to review the protocol
- 1.2 It is important that these should be agreed in partnership and both bodies be involved in their development. This will ensure individual and group ownership of the principles and provide the guidance for working together.

- 1.3 Service Commissioners need also to consider protocols around:
- the arrangements with LINKs for inspecting services,
 - how/who will deal with information requests,
 - how they will use LINKs to gather local people’s view on County Council and NHS services,
 - how they will deal with any concerns raised by LINKs
 - the arrangements for all of the above for services provided jointly by WCC & NHS Warwickshire.
- 1.4 The suggested protocols for joint working between OSCs and the LINK are to be found in Appendix 1 and background information about the role of OSCs and LINKs can be found in Appendix 2

DAVID CARTER

CUSTOMERS,
WORKFORCE &
GOVERNANCE
DIRECTORATE

Strategic Director

Shire Hall
Warwick

12 February 2010

Draft Protocols
Local Involvement Network and Overview & Scrutiny Working Together

Aim

These protocols have been developed in line with Government Guidance to ensure that there are effective arrangements, which will aid partnership working and avoid duplication of work between Warwickshire County Council, Overview and Scrutiny Committees (OSCs) and Warwickshire Local Involvement Network (LINK).

Protocols for OSCs & LINK

1. The relevant OSC Chairs and the LINK to have formal arrangements to ensure matters can be dealt with promptly. This does not prevent more informal contact between the OSC Chairs and the LINK Chair or their respective nominate representatives.
2. Formal requests, correspondence etc between the OSCs and the LINK should be routed through the persons nominated by the respective bodies for this purpose.
3. Formal written requests from the LINK to an OSC or vice versa should receive a written response within 20 working days.

As an alternative response the relevant Chairs may decide that an informal meeting between the OSC and LINK nominated representatives may be more helpful to try to resolve how a matter may best be handled.

4. Formal LINK referrals to OSCs should only be conducted after steps have been taken to obtain information from service providers (outlined in Chart A) where the matter has not been resolved satisfactorily.
5. The relevant OSC Chair or their nominated representative will acknowledge referrals on issues within 20 working days and keep the LINK informed about any actions they take. Where it appears that the steps outlined in Chart A have not been taken the relevant OSC Chair may request the LINK to take those steps before referring the matter formally to an Overview and Scrutiny Committee.
6. The OSCs and the LINK share their respective work plans and agree their priorities to avoid duplication. The LINK Chair and the relevant OSC Chairs or their respective representatives should meet at least once a year to establish their respective priorities for the following year.
7. The OSCs and the LINK share reports and recommendations from any in depth reviews they have completed, and ensure there are mechanisms in place to receive comments from each other either electronically or at their

respective meetings. The nominated representatives shall agree for each review the most appropriate method of receiving comments.

8. The OSCs and the LINK share information about the outcomes of any recommendations they have made to ascertain what differences they have made to the local health and social care services.
9. The relevant OSC public committee papers (Adult and Community Services; Children Young People and Families; Health OSCs) will be sent electronically to the LINK HOST 5 working days before any committee meeting so it can be forwarded to nominated LINK representatives, to enable them to contribute to discussions at the OSC meeting, where they may have a view which would inform the committee.
10. There should be a reciprocal arrangement of nominated OSC Members also receiving access to papers/information in advance from the HOST about relevant LINK meetings.

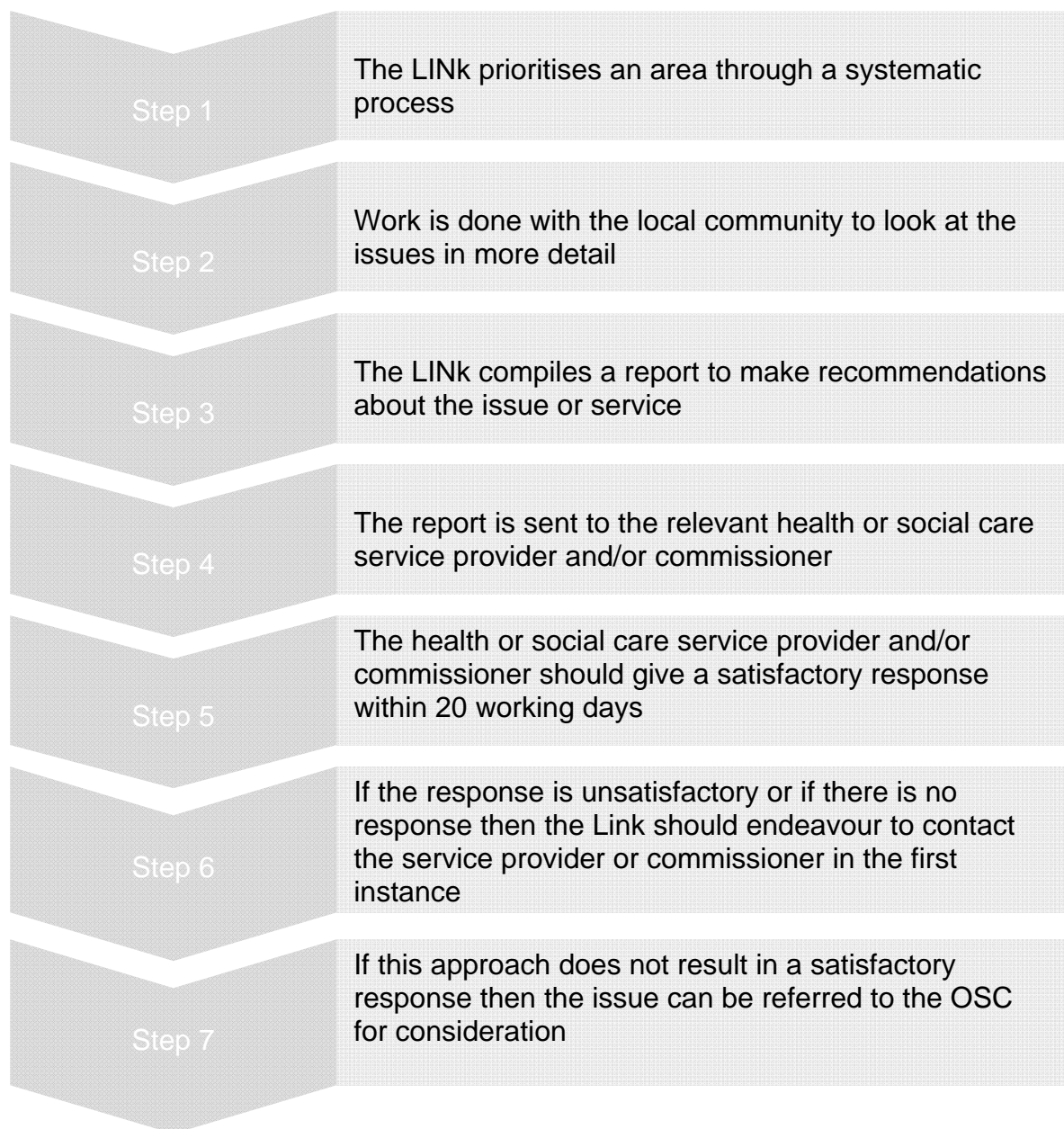
The LINK Host will send (to be inserted when agreed)

11. That LINK representatives and OSC Members will conduct themselves in a courteous way when attending each other meetings and in accordance with their respective codes of conduct.
12. When Health, Children Young People and Families or Adult & Community Services OSCs conduct an in depth review into social care or health services one place will be made available for a nominated LINK representative (with an interest or expertise on the topic) to be on the scrutiny review panel, with a reciprocal arrangement for an OSC Member to be involved with a LINK working group in similar circumstances. However there will be times where the OSC or the LINK considers they would need to work separately. When this is considered necessary this should be mutually agreed by the Chair of the relevant OSC and Chair of LINK or their respective representatives).
13. That LINK supports OSC's in joint working arrangements/reviews by obtaining local people's views on County Council social care services and NHS services or providing access to previous surveys, when appropriate. The LINK has access to resources such as Community Voices On-line & SNAP, which would add value to the work of OSCs and also would help raise the profile of the LINK by recognising their complementary but differing role.
14. That the protocols/working arrangements are reviewed in 12 months time to ensure they continue to work effectively and make any necessary amendments if required
15. For the above protocols to work effectively Service Commissioners need also to consider protocols around:
 - the arrangements with LINKs to enter, view and observe the carrying on of activities in health and social care premises,
 - how/who will deal with information requests,

- how they will use LINKs to gather local people’s views on County Council and NHS services,
- how they will deal with any concerns raised by LINKs
- the arrangements for all of the above for services provided jointly by WCC & NHS Warwickshire.

16. When Services Commissioners agree the arrangements in 14 above, a copy of the Primary Care Trusts and Social Care agreed protocols with the LINK with details of who will deal with information requests, should be made available to OSCs. This is to provide committee members with key points of contact, when considering any health or social care issues that may arise, which requires a response from the LINK.

Chart A



1. Introduction

1.1 The following information gives a brief overview of the role of Local Involvement Networks (LINKs) and Overview and Scrutiny Committees (OSCs), their powers and how they can work together for the benefit of the local community with protocols for joint working arrangements. Successful patient, service user and public engagement relies on LINKs and OSCs building a good relationship with each other, based on joint working to become more effective, as both have a responsibility for engaging local people.

2. Summary of Roles

2.1 LINKs and OSCs have a role to identify locally important issues by reaching out to the public in different ways.

2.2 The role of the LINK is to:

- Provide everyone within the local community with an opportunity to have their say about their local health and social care services – what is working well and what could be improved
- Provide feedback to service leads on what people have said about services, so that they can change things for the better
- Provide a coordinated system that health and social care services can use to involve communities
- Provide a coordinated approach to monitoring health and social care
- Provide a stronger, representative and more independent voice.

2.3 The roles of OSCs and LINKs are different, but complementary. For example LINKs have the powers to enter and view places where services are provided, whereas OSCs have powers to call staff to meetings to explain decisions and proposals. (See table A)

Table A

Overview & Scrutiny Committees (Health and/or Social Care)	Local Involvement Networks
<i>Community Leadership Role</i>	<i>Local People and Groups</i>
<ul style="list-style-type: none"> ➤ Elected members act as representatives of their community ➤ Health and/or social care issues ➤ No powers to 'enter and view' ➤ Scrutinise health & social care impact of Local Authority Services, for example education and transport ➤ Broad overview of local health and social care issues then scrutinise priority areas ➤ Right to require information and attendance from cabinet members, senior council officers and NHS staff ➤ Define substantial developments and variations of health services ➤ Refer proposals to the Secretary of State in specific circumstances ➤ Make recommendations and require a response from NHS bodies and Council Executive 	<ul style="list-style-type: none"> ➤ Ask local people what they think about local health and social care and provide a chance to suggest ideas to improve services ➤ Investigate specific issues of concern to the community ➤ Use powers to hold providers and commissioners to account and get results ➤ Ask for information and get an answer in a specified amount of time ➤ Authorise representatives to be able to 'enter and view' premises to see if services are working well ➤ Make reports and recommendations and receive a response ➤ Refer issues to relevant OSCs
<i>Common Functions and Rights</i>	
<ul style="list-style-type: none"> ➤ Act as a critical friend ➤ Provided with information by health and social care organisations ➤ Health and social care organisations required to respond to recommendations made 	

3. Powers of Health and/or Social Care OSCs

3.1 Overview and Scrutiny Committees may:

- a) Review and scrutinise any matter relating to the planning, provision and operation of health and social care services in the area.
- b) Make reports and recommendations to local NHS bodies and the Council on any matter reviewed or scrutinised using the overview and scrutiny of health and/or social care powers and expect a response within a specific period of time
- c) Require the attendance of an officer of a local NHS body or senior council officers to answer questions and provide explanations relating to the planning, provision and operation of health services and social care services in the area.
- d) Require a local NHS body to provide information relating to the planning, provision and operation of health services in the area within a specific period of time, subject to exemptions outlined in the Health and Social Care Act 2001

- e) Establish joint committees with other Local Authorities to undertake overview and scrutiny of health and/or social care services
- f) Co-opt members of the overview and scrutiny committees of borough/district councils onto Health OSC as full members (county council committees only)
- g) Acknowledge receipt of a formal referral from a LINK and inform the LINK of any actions it is planning to take
- h) Health OSC can report to the Secretary of State for Health:
 - Where the committee is concerned that consultation on substantial variations or development of health services has been inadequate
 - Where the committee considers the proposal is not in the interests of the health service

4. Powers of Local Involvement Networks

4.1 Local Involvement Networks may:

- a) Ask people what they think about health and social care services
- b) Give people a chance to suggest ideas to care professionals that may help improve services
- c) Look at specific issues of concern to the community
- d) Make recommendations to the people who plan and run services and expect a response within a specific period of time
- e) Ask for information about services and get answers within a specified amount of time
- f) Carry out visits, when necessary to see if services are working well (checks are carried out under safeguards)
- g) Refer issues to the local OSC that covers health and/or social care and get a response

5. Working with NHS & Local Authority Partners

- 5.1 LINKs will help Primary Care Trusts and local councils build peoples' views into Joint Needs Assessments, Local Area Agreements and all parts of the commissioning process, helping to make sure commissioning is 'world class'
- 5.2 LINKs will help Trust Boards, councils and care providers access a wide range of views, helping to develop care pathways, ensure continuous improvement and compliance with Standards for Better Health and duties to consult and involve.
- 5.3 LINKs can use a range of consultation methods to understand the views of the community and service users. Where appropriate this information informs information requests to investigate issues further and is translated into specific recommendations for service improvement.
- 5.4 In order for LINKs to voice local views on local service provision, LINKs can:
 - Ask commissioners for information and get a reply within a set period of time;
 - Make reports and recommendations to commissioners and receive a response within a set period of time;
 - Use enter and view powers for some types of health and social care premises to observe the nature and quality of services; and
 - Refer issues to the local Overview and Scrutiny Committee and receive a response.

- 5.5 In relation to the latter it is important that issues are referred to OSCs
- through a LINK nominated individual
 - that it should not be asking OSCs to address individual issues – these should be signposted to the relevant Patient Advice and Liaison Services(PALS), Customer Relations or Independent Complaints Advocacy Services (ICAS)
 - That LINKs go through the stepped process outlined in Section 4 - Chart A before referring any issues to OSCs

6. OSCs and LINKs Working Together

6.1 Although the role of OSC and LINKs have been established through different legislation it is expected that they will work together to prioritise and address local issues. By developing joint working arrangements in looking at health and social care priorities the LINK and OSC should share their respective work plans to ensure they complement each other, whilst maintaining their specific identities. The benefits from joint working between OSCs and LINKs should include:

- a) What LINKs could add to scrutiny reviews (undertaken by OSCs) such as obtaining information on the experiences of patients, service users, carers and the public in using health and/or social care services
- b) LINKs and OSCs identifying shared priorities within their respective work programmes
- c) LINKs and OSCs measuring the impact of recommendations they have made by monitoring whether these have been implemented by health and/or social care commissioners and providers
- d) Ways of ensuring the community has a voice by providing an effective route for formal referrals from the LINK to OSC
- e) Ways of improving decision making processes across health and social care services
- f) Ways to avoid duplication and to complement each other's roles
- g) The development of a strong community perspective on health and social care matters that influences change and informs regulation and assessment of services

7. Building Relationships

7.1 It is important that LINKs and OSCs develop working relationships with each other and with service providers and commissioners to identify priorities and make effective use of roles and resources. This should include:

- a) Regular meetings with the LINK, key councillors, health and social care partners around issues of mutual interest and common work programmes
- b) Sharing opportunities to communicate with the public such as sharing of web pages for surveys, discussion groups, etc and having a OSC webpage on LINK website and visa versa
- c) A representative of the LINK attend OSC meetings and/or Scrutiny Members attend a LINK stewardship meeting and reporting back to their specific groups
- d) Joint working arrangements such as a LINK participant/member joining an OSC working group as a co-opted member or Scrutiny Member joining a LINK working group.

- e) Agreement on said joint working arrangements and sharing of information when reviewing the Annual Public Health Report, PCT's Strategy & Local Delivery Plan, Care Quality Commission (CQC) - Core Standards, Comprehensive Area Assessments (CAA) or when looking at specific areas of concern identified by the local community.
- f) Agreement on joint arrangements/protocol to identify when a change of service should be considered 'substantial' which requires the NHS to formally consult with the OSC and the public
- g) Agreement on the arrangements on when and how matters of concern should be referred from LINKs to OSC's and vice versa (see chart A Appendix 1)
- h) An agreement that OSCs will acknowledge referrals relating to health and social care matters from LINKs within 20 working days and keep LINKs informed about actions they might take, if any, with respect to those referrals as stated on the Local Government and Public Involvement in Health Act 2007 and the Local Involvement Networks Regulations 2008.