

Memorandum of Understanding between Cheshire East Health and Wellbeing Board, Healthwatch Cheshire East, Health and Adult Social Care Overview & Scrutiny Committee and the Children and Families Overview & Scrutiny Committee

Introduction

1. This Memorandum of Understanding (MoU) sets out a simple framework for the working relationship between Cheshire East Health & Wellbeing Board (CEHWB), Healthwatch Cheshire East (HWCE), Health and Adult Social Care Overview & Scrutiny Committee (HOSC), and the Children and Families Overview & Scrutiny Committee (CFOSC).
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 is supported by the Cheshire East Health and Social Care Overview and Scrutiny Protocol and other guidance documents which advice on working relationships from providers such as the Department of Health and Centre for Public Scrutiny (CfPS).

Principles of cooperation

5. CEHWB, HWCE, HOSC and CFOSC 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 Cheshire East population
 - II. Respect for each organisation's independence
 - III. The need to maintain public confidence
 - IV. The need to use resources efficiently and effectively.
 - V. The Seven Principles of Public Life (Nolan Principles): Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership

Collective Responsibilities

6. The CEHWB, OSCs and HWCE recognise collective responsibility in improving the health and wellbeing of people in Cheshire East. As such the bodies will work

together to both support each other and to provide appropriate challenge to ensure that the potential to improve the health and wellbeing of the population is maximised. The bodies will ensure that their work programmes are complementary and contribute towards the strategic needs of the Borough and that outcomes from pieces of work reinforce each other, avoiding duplication or contradiction.

7. The CEHWB, OSCs and HWCE understand the importance of engaging with our population, and the requirement to incorporate patient/public feedback and/or engagement in all our planning and commissioning cycles. While understanding patient experience and acting as 'consumer champion' is a key function of Healthwatch Cheshire East, there is a collective responsibility to ensure that all mechanisms for consultation and engagement are effective and efficient.
8. Decisions taken by the CEHWB, OSCs and HWCE must work to promote the sustainability and efficiency of services and work to promote the implementation of the prevention agenda and to reduce inequalities in Shropshire.
9. CEHWB, OSCs and HWCE must ensure the smooth transition of appropriate information across organisations. This will be facilitated by (Quarterly) informal meetings between key members of CEHWB, OSCs and HWCE and regular communication between support officers of all bodies.

Relationships

Cheshire East Health and Wellbeing Board and Healthwatch Cheshire East

10. As per legislation (Health and Social Care Act 2012), a representative of HWCE will sit on CEHWB and have a full voting power.
11. HWCE will produce reports to and advise CEHWB 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 Cheshire East.

Cheshire East Health and Wellbeing Board and Health and Adult Social Care Overview & Scrutiny Committee

12. The CEHWB and HOSC 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 Cheshire East.
13. HOSC will share with the CEHWB relevant recommendations and/or information following the scrutiny of local health and social care services, which CEHWB will use to support partners and to inform future priorities. CEHWB will provide a response to HOSC on recommendations which are presented to it within an agreed timeframe

14. HOSC will monitor the performance of CEHWB 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.

15. CEHWB will consult HOSC on analysing and evaluating performance of services against the JSNA and JHWS to inform future strategy development

Cheshire East Health and Wellbeing Board and Children and Families Overview & Scrutiny Committee

16. CEHWB and CFOSC will maintain dialogue with each other, as relevant, about the issues, risks and challenges involving wellbeing of children and young people in Cheshire East.

17. CFOSC will share with the CEHWB relevant recommendations and/or information following the scrutiny of local children's services, which CEHWB will use to support partners and to inform future priorities.

Health and Adult Social Care Overview & Scrutiny Committee and Healthwatch Cheshire East

18 HWCE will regularly communicate with HOSC and feed into their work programme referring issues to the Committee as per the legislation

19 HOSC may commission HWCE to undertake specific investigations or research, co-opt representative of HWCE onto task and finish groups where appropriate.

20 HOSC will contribute to the HWCE's work programme and will scrutinise its outcomes via its annual report.

Children and Families Overview & Scrutiny Committee and Healthwatch Cheshire East

21 HWCE will regularly communicate with CFOSC and feed into their work programme on children's issues.

22 CFOSC may commission HWCE to undertake specific investigations or research.

Children and Families Overview and Scrutiny Committee and Health and Adult Social Care Overview and Scrutiny Committee

23 CFOSC and HOSC will liaise on issues that overlap their remits and agree which committee will lead on them through the Council's Corporate Overview and Scrutiny Committee.

24 The committees will share information and attend each others meetings to observe any work which is relevant to both committees.

25 When appropriate the committees will make arrangements for cross committee/joint meetings or task and finish groups.

Resolution of disagreement

26 Any disagreement between CEHWB, HWCE, CFOSC and HOSC 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

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**Chair of Cheshire East
Health & Wellbeing Board**

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**Chair of Healthwatch
Cheshire East**

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**Chair of Children & Families
Overview & Scrutiny Committee**

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**Chair of Health and Adult Social Care
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 scrutiny 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.

All commissioners and providers of publicly funded healthcare and social care are covered by these powers, along with health and social care policies arising from the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

CONTACTS

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Healthwatch Cheshire East	Chair: Email: Chief Executive Officer: Email: Tel:
Children and Families Overview & Scrutiny Committee	Chair: Cllr Email: @cheshireeast.gov.uk Coordinator: Mark Nedderman Email: mark.nedderman@cheshireeast.gov.uk Tel: 01270 686459
Health and Adult Social Care Overview & Scrutiny Committee	Chair: Cllr Email: @cheshireeast.gov.uk Coordinator: James Morley Email: james.morley@cheshireeast.gov.uk Tel: 01270 686468

ANNEX III

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

[http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_693_CFPS_Healthwatch and Scrutiny final for web.pdf](http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_693_CFPS_Healthwatch_and_Scrutiny_final_for_web.pdf)