		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>22 October 2014</b>
Subject:	<b>Two Working Protocols: (1) NHS England Leicestershire and Lincolnshire Area Team; and (2) Healthwatch and the Health and Wellbeing Board</b>

**Summary:**

On 23 July 2014, the Committee agreed that a protocol should be developed between the Health Scrutiny Committee for Lincolnshire and NHS England's Leicestershire and Lincolnshire Area Team. A draft is attached, which is based on the Committee's protocol with the four CCGs, for the Committee's consideration and approval in principle.

On 23 July 2014, the Committee also agreed that a protocol would be developed with Healthwatch Lincolnshire. Healthwatch Lincolnshire and the Health and Wellbeing Board have already been working on a protocol, and a 'three-way' protocol between Healthwatch Lincolnshire, the Health and Wellbeing Board and the Health Scrutiny Committee is also attached for the Committee's consideration and approval in principle.

**Actions Required:**

- (1) To consider and approve in principle the draft protocol with NHS England Leicestershire and Lincolnshire Area Team (Appendix A).
- (2) To consider and approve in principle the draft 'three way' protocol between Healthwatch Lincolnshire, the Health and Wellbeing Board and the Health Scrutiny Committee for Lincolnshire (Appendix B).
- (3) In relation to (1) and (2) above, the Chairman of the Committee, in consultation with the Vice Chairman, be authorised to make any final adjustments to the protocols to reflect any further comments received from partners, provided that the overall intentions of the protocols are not changed.

## 1. Introduction

### Protocols

Previously the Health Scrutiny Committee for Lincolnshire and the four Lincolnshire Clinical Commissioning Groups (CCGs) have approved a protocol, which contains a number of provisions, including how the Committee would be engaged in any consultation on a substantial change in local health service provision. The purpose of the protocol is to supplement the regulations and guidance, to ensure there is practical co-operative working between the CCGs and the Committee.

Many of the functions of bodies such as the Health Scrutiny Committee for Lincolnshire, the Health and Wellbeing Board, Healthwatch Lincolnshire and the NHS England Area Team are defined in the relevant statutes. Whilst the law sets out the basic provisions, it is prudent for arrangements to be made, which define the working and practical relationships between these bodies.

### NHS England Leicestershire and Lincolnshire Area Team

On 23 July 2014, it was agreed that the Health Scrutiny Committee would develop a protocol with the NHS England Leicestershire and Lincolnshire Area Team. A protocol has been drafted, which is based on existing protocol with the CCGs. As with the CCG protocol the intention is to supplement the regulations and the guidance and to ensure there is close working between the Committee and the Area Team. A draft protocol is attached at Appendix A to this report.

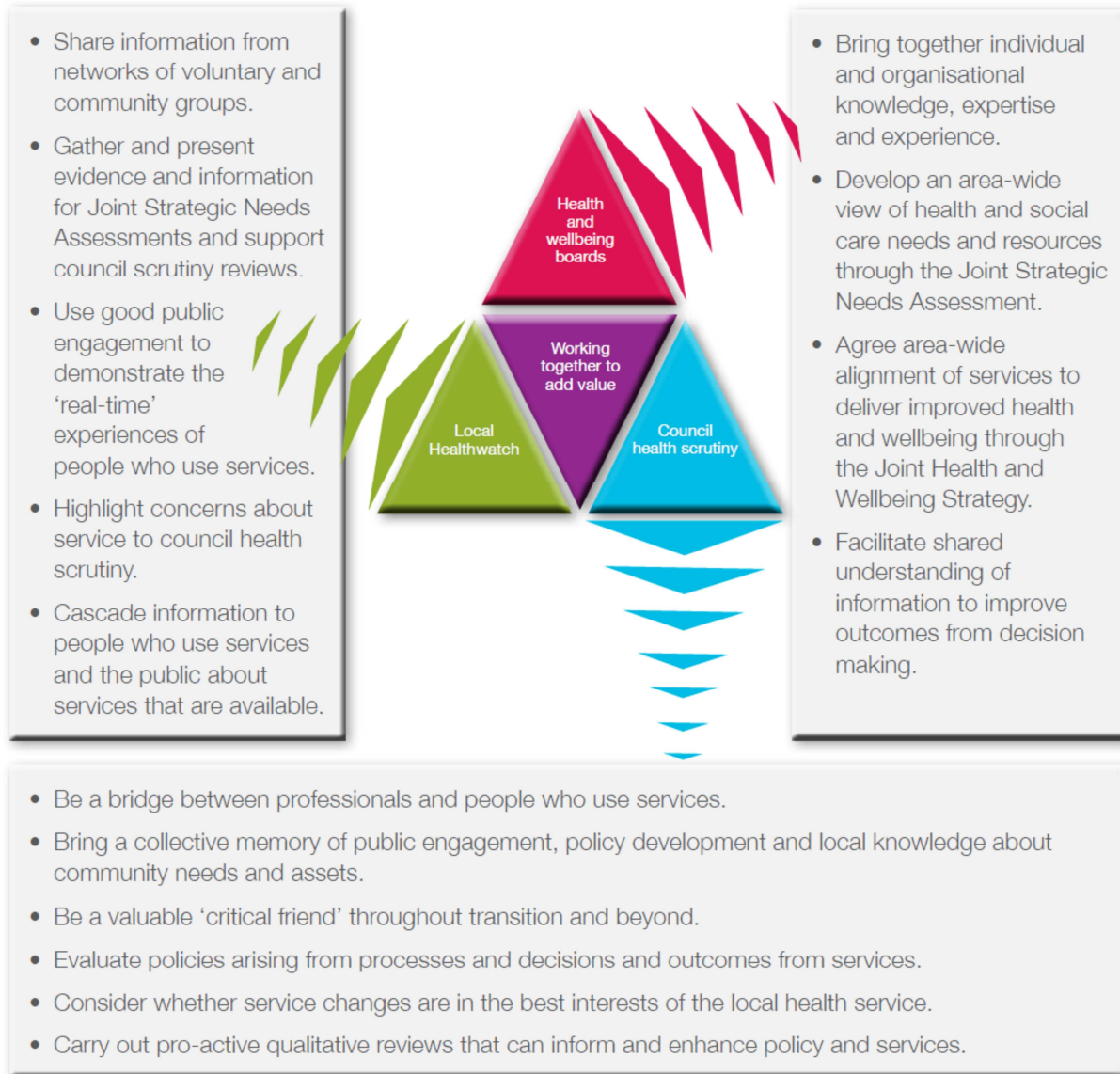
The protocol includes provisions on:

- general liaison arrangements;
- scrutiny review activity; and
- consultation arrangements.

The key intention of the protocol is that there is a dialogue between the Area Team and the Committee, which avoids any surprises.

### Healthwatch Lincolnshire; and the Health and Wellbeing Board

The Centre for Public Scrutiny's guide entitled: *Local Healthwatch, Health and Wellbeing Boards and Health Scrutiny – Roles Relationships and Adding Value* stresses importance of developing relationships between the Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny function. It includes the following table:



In view of this, and the Committee's decision at its last meeting on 23 July 2014, a three way protocol has been developed Healthwatch Lincolnshire, the Health and Wellbeing Board and the Health Scrutiny Committee.

## 2. Conclusion

The Committee is invited to approve in principle:

- the protocol between the Committee and the NHS England Leicestershire and Lincolnshire Area Team; and
- the protocol between Healthwatch Lincolnshire, the Health and Wellbeing Board and the Health Scrutiny Committee.

**3. Consultation**

The Committee's views are being sought on two draft protocols, which will support practical working arrangements, including consultation arrangements, in the future.

**4. Appendices –** These are listed below and attached at the end of the report:

Appendix A	Protocol for Joint Working – NHS England Leicestershire and Lincolnshire Area Team
Appendix B	Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire

**5. Background Papers –** None.

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**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
NHS ENGLAND LEICESTERSHIRE AND LINCOLNSHIRE AREA TEAM**

**A Protocol for Joint Working**

**SUMMARY OF ROLES**

The Role of the Health Scrutiny Committee for Lincolnshire

Lincolnshire County Council has established the Health Scrutiny Committee for Lincolnshire to undertake its health scrutiny functions. The Committee's role is essentially to review and scrutinise any matters relating to the planning, provision and operation of health services which affect the residents of Lincolnshire.

The Committee's full terms of reference may be found on the County Council's website:

<http://www.lincolnshire.gov.uk/local-democracy/how-the-council-works/the-constitution/part-2-articles-of-the-constitution/73385.article>

The Role of Leicestershire and Lincolnshire Area Team

It must be emphasised that the Leicestershire and Lincolnshire Area Team is part of NHS England and is not a statutory entity.

The Area Team undertakes three clear roles. Of the three roles, the most important for the Health Scrutiny Committee is its role in the direct commissioning of health care services in the following areas:

- Primary Medical Services - Essential and additional primary medical services through GP contracts and nationally commissioned enhanced services including GP practices and out of hours primary medical services (where practices have retained the responsibility for providing out-of-hours services).
- Pharmaceutical Services, provided by community pharmacy contractors (not through a contract but the contractors' terms of service are included in Regulations), dispensing doctors and appliance contractors.
- General Ophthalmic Services - NHS sight tests and optical vouchers.
- Dental Services - All dental services, including primary, community, and secondary care services, plus urgent and emergency dental care.
- Specialised Services – The Leicestershire and Lincolnshire Area Team is responsible for commissioning specialised services for the population of England for all providers in the East Midlands

The Area Team also undertakes two further roles:

- 1) an assurance and development role in relation to the operation of Clinical Commissioning Groups; and
- 2) a system convenor or leader role relating to issues requiring multi organisation coordination or to improve patient experience or quality of care.

## Context of Relationship with Health Scrutiny Committee for Lincolnshire

The Leicestershire and Lincolnshire Area Team works with seven Clinical Commissioning Groups, four upper tier local authorities, four local Healthwatch organisations, 14 district councils, Public Health England, Health Education East Midlands and the NHS Trust Development Authority to achieve improvements to the health and wellbeing of the public in its area.

### **GENERAL LIAISON ARRANGEMENTS**

#### Regular Briefing Meetings

There should be regular meetings (approximately two / three meetings per annum) between the Chairman of the Health Scrutiny Committee and the Director of the Area Team, or another senior Area Team manager. The purpose of these meetings is to support the work of the Committee and the development of its work programme; and to advise on any issues which are likely to impact on Lincolnshire residents.

The purpose of these arrangements is that there are no 'surprises' to either the Area Team or the Health Scrutiny Committee.

#### Provision of Information to the Committee by the Area Team – Content of Reports

The Health Scrutiny Committee would like the Area Team to provide information that is informative and at the right level of detail to enable the Committee to give valid consideration of any particular item that is on its agenda.

### **SCRUTINY REVIEW ACTIVITY**

#### Task and Finish Groups

The Health Scrutiny Committee may undertake in-depth scrutiny review activity. These scrutiny reviews are undertaken by a smaller group of Committee members, referred to as a Task and Finish Group, over a period of three to six months. The Task and Finish Group gathers evidence as part of its review process and at the end of the process compiles a report with recommendations, which may be submitted on behalf of the Health Scrutiny Committee to the relevant Clinical Commissioning Groups or the NHS England Area Team, as appropriate.

#### Provision of Information and Gathering Evidence

The Area Team undertake to co-operate in the participation of these reviews, where it is relevant to their commissioning responsibilities and activities. This could involve members of the task and finish group meeting and interviewing various members of staff, and getting involved in a high level of detail about a particular topic. Members of the task and finish group will be expected to observe the normal practice of confidentiality prior to the conclusion of a task and finish group and the publication of the final report.

### Draft Scrutiny Review Reports

The Health Scrutiny Committee undertakes to share its draft scrutiny review reports, including all recommendations, where these are relevant with the Area Team, which will be invited to make comments on the factual accuracy of the information in the report, prior to its publication.

### Responding to Final Scrutiny Review Reports

The Regulations require a 28 day response by any other NHS body, such as the Area Team, to any recommendation or report from the Health Scrutiny Committee. However, the Health Scrutiny Committee recognises that in practice the Area Team may need longer to provide a full response to the Committee's report and recommendations.

## **CONSULTATION ARRANGEMENTS**

A key role for the Health Scrutiny Committee is responding to consultations on the proposals for changes to health care provision affecting the residents of Lincolnshire. In this regard, the Health Scrutiny Committee will be particularly guided by the regulations; and guidance issued by the Secretary of State.

### Substantial Variations and Substantial Developments in Health Care Provision

Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 refers to the requirement for consultation by NHS bodies on any proposal for the "substantial development" of the health service in the area, or for a "substantial variation" in the provision of such service. NHS England Area Team is one of the organisations, who commission health services.

### Pre-Consultation Engagement

The terms "substantial development" and "substantial variation" are neither defined in the Regulations nor in the Secretary of State's statutory guidance.

In the absence of a definition of the terms "substantial development" and "substantial variation", the Area Team undertakes to have early engagement with the Health Scrutiny Committee to seek the Committee's initial views on whether a proposal is substantial. The Area Team and the Committee will aim to reach an agreement, guided by the following questions:

- (1) Will the proposal lead to substantial changes in the accessibility of services? Will services be delivered in a different setting, for example in the community rather in a hospital, which will make it harder or easier for patients to reach the services?

- (2) How many patients will be affected? How extensive will the impact be, particularly for patients needing to continue to access the service over a period of time? If a small number of patients are affected, how profound will that effect be on them?
- (3) Has there been any initial engagement or involvement with affected patients to seek their initial views on the proposal? If not, are there expected to be concerns from patients?
- (4) Does the proposal have a clear clinical evidence base?
- (5) Is the proposal being developed in accordance with the Area Team's Operational Plan or Strategy, on which the Health and Wellbeing Board has offered its opinion?
- (6) Does Healthwatch Lincolnshire have any initial views on the proposal?

Pre-consultation engagement seeks the Committee's views on whether the proposal constitutes a substantial variation or a substantial development in local health care provision. The Committee may indicate that the proposal is not substantial or even if the proposal is substantial, it may not merit a full consultation. These outcomes will be clearly recorded in the Committee's minutes.

Where a full consultation is necessary, pre-consultation engagement also enables the Committee to put forward its views on the content of any consultation activity or materials, prior to the formal launch.

#### Responding to Consultations

Regulation 23(1)(a) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 specifies that NHS England needs to notify the Committee of the timing of the consultation period and the date that the NHS England Area Team intends to make any decision on the proposal.

In accordance with Regulation 23(4), the Health Scrutiny Committee may submit comments on any consultation and may also include a recommendation in addition to its comments. Where the Committee agrees to make a recommendation in addition to making comments, this will be clearly indicated in the Committee's response. This will also be clearly recorded in the Committee's minutes and communicated directly to the Area Team.

Regulation 23(5) also sets out the process if the Area Team disagrees with any recommendation from the Health Scrutiny Committee in relation to the consultation and how the Committee and the Area Team may reach an agreement.

#### Risk to Safety and Welfare of Patients

In accordance with Regulation 23(2), where the Area Team is satisfied that there is a risk to the safety or welfare of patients or staff, it may proceed to make a decision without consultation on a proposal, but the Area Team will notify the Committee of its decision and the reason why no consultation has taken place.



### Specific Exemptions to Consultations

It should be noted that any proposal to establish or dissolve an NHS Trust or Clinical Commissioning Group is exempt from the provisions Regulation 23; similarly any proposal in a Trust Special Administrator's report is also exempt from Regulation 23.

Where possible, the liaison mechanisms outlined above should form the basis of supporting all forms of consultation activity to aid the Committee's consideration, involvement and any response.

### Pre-Election Periods and Consultations (Purdah)

The Area Team will seek to avoid any major consultations on health care provision during the six week period in advance of General Elections and County Council Elections.

It may also be necessary to take account of the District Council Elections, if a consultation particularly affects a specific District Council area.

### Clinical Commissioning Group and Other Consultation Duties

This section of the protocol covers the specific consultation provisions in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which affect the Health Scrutiny Committee for Lincolnshire. It should be noted that NHS England is obliged to comply with other legal duties on patient and public involvement and consultation, which include: -

- the promotion of the involvement of patients and their carers in decisions affecting their care and treatment (*Sections 13H and 14U of the National Health Service Act 2006*); and
- the involvement of patients or potential patients in the planning of commissioning arrangements (*Section 14Z2 of the National Health Service Act 2006*).

### Stakeholder Events

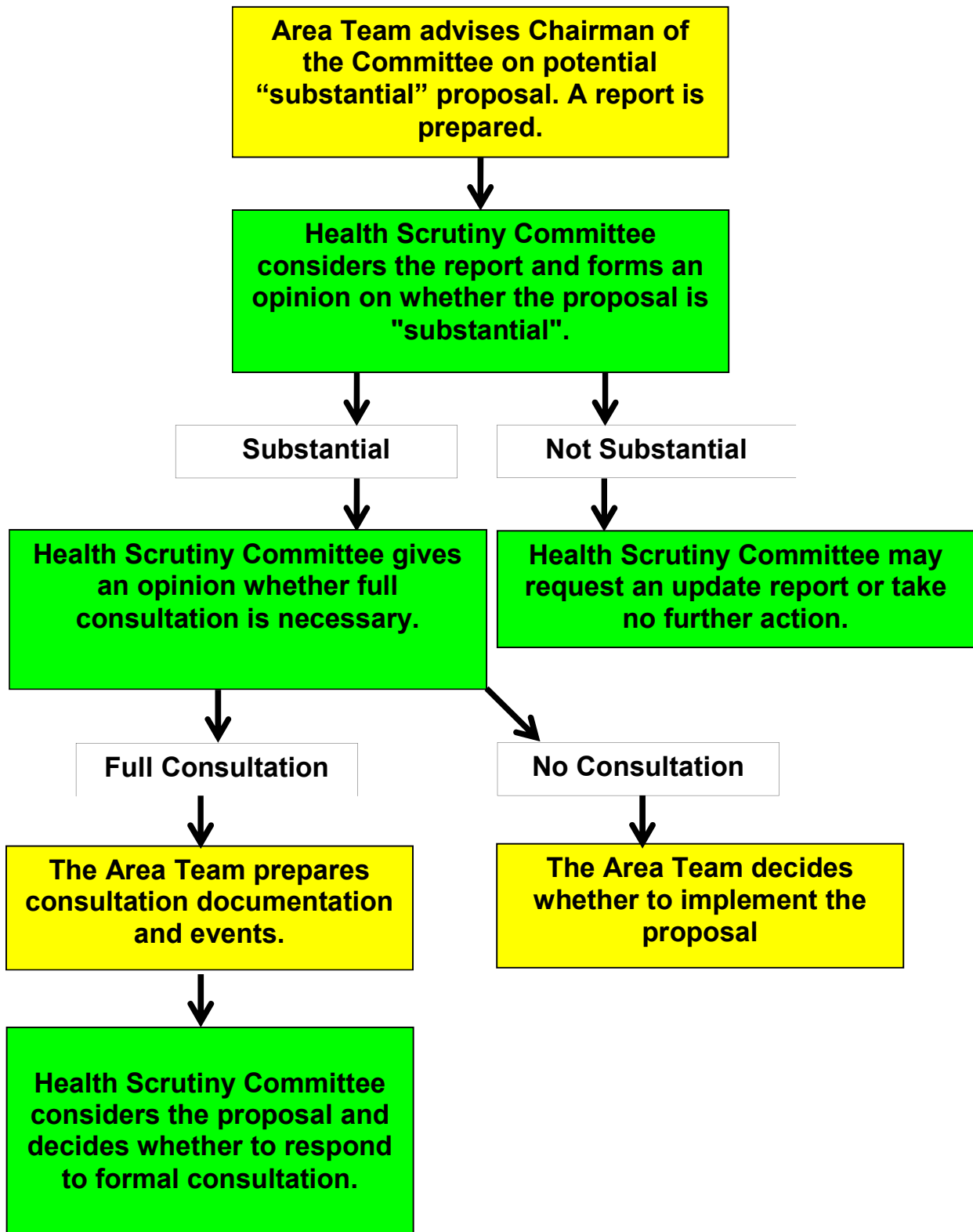
Where the Area Team holds a stakeholder event and invites a representative from the Health Scrutiny Committee to attend, the Committee will aim to be represented. This will enable the Committee to give more informative consideration to the matter when it is on the Committee's agenda.

### **AREA TEAM FEEDBACK ON HEALTH SCRUTINY ACTIVITY**

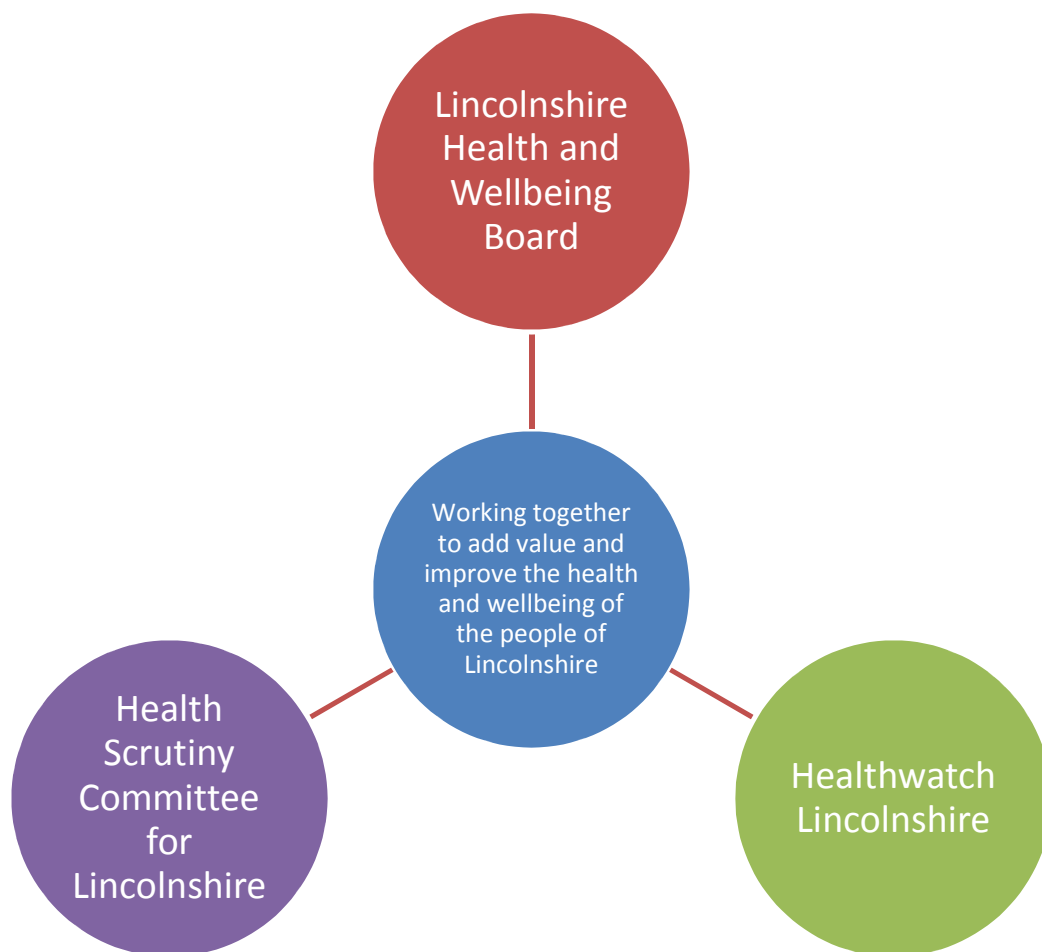
The Area Team may provide feedback to the Chairman of the Health Scrutiny Committee on their views of the outcomes arising from the Committee's activities. This feedback could include:

- suggestions for in-depth scrutiny reviews; and
- suggestions for topics that might be included in the Committee's work programme.

# SUMMARY OF PREFERRED APPROACH TO CONSULTATION BY NHS ENGLAND AREA TEAM ON SUBSTANTIAL PROPOSALS



## Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire



## **1. Purpose of the Protocol**

This protocol aims to clarify the working relationship between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire. It acknowledges the respective roles and responsibilities of each body and is intended to be a formal agreement to ensure transparency and accountability in order to help deliver the shared vision of improved health and wellbeing for the people of Lincolnshire.

The following document ensures appropriate mechanisms are in place:

- to exchange information, intelligence and work programmes;
- to recognise issues of mutual concern/interest at an early stage and ensure they are dealt with in a spirit of co-operation;
- to avoid any duplication of effort;
- to provide a shared understanding of the process of referrals and arrangements for dealing with such referrals.

## **2. Roles and Responsibilities**

### **2.1 Lincolnshire Health and Wellbeing Board**

Lincolnshire Health and Wellbeing Board (the Board) was established in response to the Health and Social Care Act 2012 to act as a forum for key leaders from the health and care system to work together to improve the health and wellbeing of the people of Lincolnshire and to promote the integration of services. The Board became a formal committee of the County Council in April 2013. The main functions of the Board are set out in Sections 195 and 196 of the Health and Social Care Act 2012.

**This means the Board has a:**

- Duty to encourage integrated health and social working arrangements and to provide advice and guidance to support such arrangements.
- Duty to oversee the development of the Joint Strategic Needs Assessment (JSNA) which provides a comprehensive picture of the health and wellbeing needs of Lincolnshire.
- Duty to produce a Joint Health and Wellbeing Strategy (JHWS) covering social care, health care and public health.
- Duty to develop the Pharmaceutical Needs Assessment.
- Right to be consulted by each Clinical Commissioning Group (CCG) on their commissioning plan and to give an opinion whether each CCG's commissioning plan takes proper account of the JHWS.

For more information about the role and function of the Board please visit <http://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/health-and-wellbeing-board/>

### **2.2 Health Scrutiny Committee for Lincolnshire**

The Health Scrutiny Committee for Lincolnshire (Health Scrutiny) is the key committee for the purposes of fulfilling the roles outlined in the Health Scrutiny Functions Regulations 2013.

**This means the Health Scrutiny Committee has:**

- The right to be consulted by any local commissioner on any proposed substantial variation or development in health care provision with the power to refer matters to the Secretary of State if not satisfied with the commissioner's proposals<sup>1</sup>.
- Power to scrutinise any provider or commissioner of health services, including the independent sector; to require attendance at meetings and the provision of information.
- Power to make recommendations to commissioners and providers of health services (effectively following in-depth scrutiny review activity).
- Power to scrutinise the effectiveness of the Health and Wellbeing Board and to make reports and recommendations to the Board.
- Power to make statements on the annual Quality Account of local health providers and to engage with providers on the development of their priorities for improvement.
- A duty to receive reports submitted by Healthwatch Lincolnshire.

For more information on the role and function of the Health Scrutiny Committee for Lincolnshire please visit <http://www.lincolnshire.gov.uk/local-democracy/how-the-council-works/overview-and-scrutiny/the-scrutiny-committees/the-health-scrutiny-committee-for-lincolnshire/56546.article>

### **2.3 Healthwatch Lincolnshire**

Healthwatch Lincolnshire is an independent consumer champion for both health and social care. Providing a Healthwatch is a statutory requirement for all local authorities to enable patients and carers to have a safe, secure environment within which they can share their health and care concerns and experiences. The Healthwatch network was established as part of the Health and Social Care Act 2012 and is regulated under this and many other Acts.

The aim of Healthwatch Lincolnshire is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in the locality. In addition, Healthwatch Lincolnshire provides, or signposts, people to information to help them make choices about health and care services.

**This means Healthwatch Lincolnshire will:**

- enable people to share their views and concerns about their local health and social care services and understands that their contribution will help build a picture of where services are doing well and where they can be improved;
- alert Healthwatch England, Care Quality Commission (CQC), the Board and/or council scrutiny committees where appropriate, to concerns about specific care providers, health or social care matters;

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<sup>1</sup> The power to refer matters to the Secretary of State was delegated to Health Scrutiny Committee for Lincolnshire by Full Council on 26<sup>th</sup> September 2014.

- provide people with information about their choices and what to do when things go wrong, as well as signposting people to how they can access services;
- give authoritative, evidence based feedback to organisations responsible for commissioning or delivering local health and social care services.

For more information about the role and function of Healthwatch Lincolnshire please visit <http://www.healthwatchlincolnshire.co.uk/>

### 3 Working Principles and Commitments

Given that the shared aims of the Board, Healthwatch Lincolnshire and Health Scrutiny are to improve the health and wellbeing of the people of Lincolnshire through the commissioning and delivery of high quality services, each undertakes to:

- have a shared understanding of respective roles, responsibilities, priorities and different perspectives;
- work in a climate of mutual respect, courtesy and transparency;
- engage in early discussions on issues of common interest to ensure a joined up approach;
- promote and foster an open relationship where issues of common interest are shared and challenged in a constructive way;
- share work programmes, agendas, reports, minutes, information and data to avoid the unnecessary duplication of effort.

In order to foster closer working arrangements and to avoid duplication of effort, the following commitments will apply:

#### **Lincolnshire Health and Wellbeing Board will:**

- Share its work programme with Health Scrutiny and Healthwatch Lincolnshire.
- Provide Health Scrutiny and Healthwatch Lincolnshire with a copy of its Annual report. (*First Annual Report due Autumn 2014*).
- Update Health Scrutiny on its progress with the JSNA and provide assurance that progress is being made to deliver the outcomes in the JHWS.
- Be subject to scrutiny by Health Scrutiny and provide information and attend meetings as requested to assist in their scrutiny work.
- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) undertakes a particular piece of work within its remit (Health Scrutiny may choose not to do so).
- Ensure Healthwatch Lincolnshire is a core member of the Board and involved in the preparation of the JSNA and JHWS.
- Request (subject to available resource) Healthwatch Lincolnshire undertakes a particular piece of work in order to inform the Board of public opinion and experiences of services to inform refreshes of the JSNA and JHWS (Healthwatch Lincolnshire may choose not to do so).
- By exception, receive reports and information from Healthwatch Lincolnshire on any key themes or trends identified through engagement with patients, service users, carers and the public which impact on the delivery of the outcomes in the JHWS.

**Health Scrutiny Committee will:**

- Share its work programme with the Board and Healthwatch Lincolnshire.
- Seek views from the Board when formulating Health Scrutiny work programme by means of regular liaison meetings between the Chairmen and supporting officers.
- Seeks the views of Healthwatch Lincolnshire when formulating Health Scrutiny work programme by means of regular liaison meetings with Healthwatch Lincolnshire's Chief Executive Officer.
- Hold the Board to account for its work to improve the health and wellbeing of the people of Lincolnshire, including its responsibilities in relation to the JSNA and JHWS.
- Make reports and recommendations to the Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.
- Request Healthwatch Lincolnshire (subject to available resource) submits relevant intelligence and information to support scrutiny work.
- Invite representatives from Healthwatch Lincolnshire to attend and, at the Chairman's discretion, speak at Health Scrutiny meetings.
- Request Healthwatch Lincolnshire (subject to available resource) undertakes a particular piece of work to inform Health Scrutiny activity. In exceptional circumstances this may include asking Healthwatch Lincolnshire to use its 'Enter and View' powers (Healthwatch Lincolnshire may choose not to do so).
- Take account of and respond to the views and recommendations of the Board and Healthwatch Lincolnshire.
- Refer relevant issues to Healthwatch Lincolnshire in line with the process detailed in Section 5 of this agreement.
- Acknowledge and respond to referrals from Healthwatch Lincolnshire in line with the process detailed in Section 5 of this agreement.
- Consider Healthwatch Lincolnshire's annual report.

**Healthwatch Lincolnshire will:**

- Appoint one person (and a nominated substitute) to represent Healthwatch Lincolnshire on the Board.
- Provide the Board and Health Scrutiny with a copy of its Annual Report.
- Provide relevant public opinions and experiences about services to support the work of the Board and the development of the JSNA/JHWS.
- As a member of the Board, provide information and challenge from the perspective of the public, service users and carers as well as an appropriate intelligence on any strategic and/or commissioning concerns.
- Provide Health Scrutiny with a copy of any report that responds to a consultation exercise undertaken by Healthwatch Lincolnshire on behalf of local health or social care commissioners and providers or of its own volition.
- Highlight concerns about services to Health Scrutiny and, where appropriate make a referral in line with the process set out in Section 5 of this agreement.

- Work with the Board and Health Scrutiny to provide information and comments as the public champion.
- Regularly inform Health Scrutiny of current issues and, in exceptional circumstances, request Health Scrutiny consider whether a formal referral to the Secretary of State for Health is required.
- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services.
- Acknowledge and respond to referrals from Health Scrutiny in line with the process detailed in Section 5 of this agreement.

#### **4 What will this mean in practice**

The following scenarios are examples of how the three functions can complement rather than duplicate each other's work.

##### **4.1 Developing the Joint Strategic Needs Assessment & Joint Health and Wellbeing Strategy:**

The Board has the legal duty to develop the JSNA & JHWS. To do this the Board will engage with Healthwatch Lincolnshire and Health Scrutiny, initially to set out draft proposals and then at a later stage to review the final draft. As a member of the Board, Healthwatch Lincolnshire will be invited to collect and contribute views from the public to both the JSNA & JHWS. Health Scrutiny will review progress to achieving the priorities and outcomes identified in the JHWS and make recommendations on areas for improvement.

##### **4.2 Commissioning and Decommissioning of Services:**

The Board, through the JHWS, sets the strategic direction for the commissioning of services. It will review the commissioning plans for the Clinical Commissioning Groups and the County Council to ensure they address the needs identified in the JSNA and support the delivery of the outcomes in the JHWS. Changing commissioning plans may result in some services being decommissioned or being delivered differently. As a member of the Board, Healthwatch Lincolnshire will be active in assessing resident's and patient's views on the proposals. The Health Scrutiny will hold the Board, the Council or the CCGs to account for commissioning and decommissioning decisions.

##### **4.3 Significant Changes and Variations to Services:**

Providers have proposed significant changes or variations to existing services as a way of improving outcomes and make better use of resources. The Board assesses whether the plans fit with the JHWS and takes a strategic view on the outcomes and engagement with the CCGs. As a member of the Board, Healthwatch Lincolnshire undertakes a comprehensive exercise to gather views from the public and patients, and checks whether the consultation reflects what is known about best practice. Healthwatch Lincolnshire presents the findings of this exercise to the Board and to Health Scrutiny during the formal consultation process.

Health Scrutiny agrees the proposals are a substantial/significant variation, and engages in early discussions with the commissioners/providers regarding policy, plans and consultations. It also engages during the formal consultation stage to analyse the proposals in a public forum, taking evidence and coming to a conclusion about whether the proposals are in the best interests of Lincolnshire.

***If Health Scrutiny concludes the proposals are not in the best interest of Lincolnshire it can refer the matter to the Secretary of State for Health.***



#### **4.4 Quality and Inspection:**

The Board will take a strategic lead on ensuring effective quality services are commissioned by reviewing the commissioning plans of the CCGs and County Council and ensuring alignment with the JHWS. Healthwatch Lincolnshire will develop intelligence on patient and user experiences, using its enter and view powers where appropriate. Where significant issues are identified, Healthwatch Lincolnshire will refer the matters to the Board, CCG or County Council as appropriate. In exceptional circumstances, the Board may make a referral to Health Scrutiny asking them to undertake an investigation.

Both Healthwatch Lincolnshire and Health Scrutiny will monitor reports from national inspection bodies and where problems are identified, undertake an examination of the issues. Health Scrutiny will schedule agenda items where appropriate and request the attendance of appropriate officers from provider organisations. It may also wish to hold a meeting with representatives from the Care Quality Commission (CQC). Healthwatch Lincolnshire may also seek a meeting with CQC therefore there may be occasions when joint meetings with CQC should be considered as the best means of resolving a significant issue.

***Healthwatch Lincolnshire has a statutory power to refer matters to Healthwatch England who can then recommend that the CQC take action.***

#### **4.5 Safeguarding:**

The Board will receive the annual reports of the Lincolnshire Safeguarding Children Board and Safeguarding Adult Board. Where significant issues are raised in the documents, it may request further detailed reports as it deems appropriate. If the Board has any safeguarding concerns it will refer the matter to the appropriate Scrutiny Committee or Scrutiny Sub Group<sup>2</sup>. If appropriate, the Board may also wish to refer the matter to the Health Scrutiny Committee.

Healthwatch Lincolnshire will use patient complaints, advocacy and other intelligence to identify safeguarding issues and may refer matters to individual agencies/relevant Safeguarding Board for further action.

### **5. Referral Mechanism**

#### **5.1 Referrals from Healthwatch Lincolnshire to Health Scrutiny:**

If, during the course of its work Healthwatch Lincolnshire identifies an issue which it feels warrants further exploration, it can make a referral to Health Scrutiny. The referral needs to be made in writing to the Chairman of Lincolnshire Health Scrutiny Committee via the Scrutiny Officer. The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered at the next available meeting of the Health Scrutiny Committee. Healthwatch Lincolnshire will be informed of the outcome of this consideration and if the request is supported, details of how the matter will be taken forward. If Health Scrutiny decides not to act on the referral it will provide reasons for not doing so.

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<sup>2</sup> Either the Adults Scrutiny Committee or Children and Young People Scrutiny Committee or the Lincolnshire Safeguarding Boards Scrutiny Sub Group

**5.2 Referrals to Healthwatch Lincolnshire:**

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Lincolnshire it can make a referral. Referrals should be made in writing to the Healthwatch Lincolnshire Chief Executive Officer. The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Lincolnshire decided not to act on a referral it will provide reasons why to Health Scrutiny.

***Any information or intelligence resulting from an investigation will be used to refresh JSNA and inform future updates to the JHWS.***

**5.3 Referrals from Lincolnshire Health and Wellbeing Board:**

If, during the course of its work Lincolnshire Health and Wellbeing Board identifies an issue which could have a significant impact on delivering the outcomes identified in the JHWS it can in exceptional circumstances refer the matter to Health Scrutiny or Healthwatch Lincolnshire. The mechanism for referring matters is the same as Sections 5.2 and 5.3.

**6 Review of this Protocol**

This protocol will be reviewed a year after its agreement and bi-annually thereafter or in response to any new national guidance issued in relation to Health and Wellbeing Board, Health Scrutiny or Healthwatch.

Where there is concern that this protocol is not succeeding, resolution will be sought through communication between the Chairs.

**7 Signatures**

.....Date  
Chairman, Lincolnshire Health and Wellbeing Board

.....Date  
Chairman, Lincolnshire Health Scrutiny Committee

.....Date  
Chairman, Healthwatch Lincolnshire