



Sunderland Clinical Commissioning Group


Sunderland
City Council


Commissioning Board

healthwatch

A protocol for working together between :

- **Sunderland Overview and Scrutiny**
- **Sunderland Health & Well-Being Board**
- **Sunderland HealthWatch**
- **Sunderland Clinical Commissioning Board**
- **NHS Commissioning Board**

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Joint Statement

This protocol has been developed by the above parties in recognition of the importance placed on working together effectively, recognising that there are shared and mutual benefits of doing so, and in recognition of the legal duties and responsibilities placed on organisations in relation to:

- Meeting local needs
- Improving the health and well-being of the local population
- Being representative of the views of the local population
- Providing value of money
- Being accountable

Set within the context of a common and significant set of challenges, we will need to work together to achieve our aims.

We will seek to create a common purpose and alignment of all those working across the health system. We will seek to support a shared system of innovation and joint planning, underpinned by a commitment to commissioning focused around the needs of patients and communities.

Collaboration must go beyond the words written in this document: it must be embedded into the way we work.

Signed on behalf of

Signed on behalf of

Signed on behalf of

Signed on behalf of

Introduction

All signatories to this protocol have clear and distinctive roles. This protocol outlines the responsibilities and duties of each and provides a framework for all groups to work together with the aim of reducing unnecessary administrative burdens.

In particular, it provides an overarching framework for joint working as well as an information sharing agreement between partners in the first year of operation. This will be essential to assure effective, rapid and timely exchange of contemporaneous data and information between each partner.

This protocol does not override the statutory duties and powers of any organisation and is not enforceable in law.

Principles

The signatories are committed to putting people first and, in ensuring that services meet the needs of the people using the services, we will:

- Have an interest in the quality of services provided
- Have open and transparent dealings with each other
- Work in partnership to improve services
- Use resources effectively and efficiently
- Ensure individual activities are complementary and reduce duplication

All parties to this protocol acknowledge the principle of putting patients, carers and local people at the centre of everything we do through embedding public engagement activity at all levels and as part of everyday practice.

Ways of Working

Between HWBB and CCGs

HWBBs have a strategic influence over commissioning decisions across health, public health and social care. CCGs must demonstrate they have taken on board the priorities of the JHWB Strategy in the delivery of commissioning decisions. The HWBB will set out a forward plan which will determine which commissioning decisions need to come to HWBB at the appropriate stage in the commissioning process,

Between decision makers (HWB/CCGs) and Scrutiny

Scrutiny is responsible for ensuring that decisions relating to the planning and delivery of health care are accountable to residents. This includes the statutory responsibility on health bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service. Decision takers will ensure that scrutiny is informed of and able to effectively scrutinise key decisions of the HWBB and CCGs,

Scrutiny also engages actively with service users and HWB may wish to refer issues to health scrutiny in order for those issues to be fully investigated, and to provide recommendations for improvement. Many scrutiny reviews have identified recommendations aimed at reducing health inequalities and it has been demonstrated that NHS commissioners have been able to use the evidence that has been gathered when designing services to provide an extra level of assurance as to the quality of their services. There would be a mutual benefit in the HWB considering recommendations from scrutiny policy reviews.

Relationship between HWB/CCG and HealthWatch

HealthWatch is responsible for ensuring that the citizens have a voice in the planning and delivery of healthcare. HealthWatch has a scrutiny and challenge function in relation to local commissioners and providers and will provide a level of accountability to the HWB.

Relationship between HealthWatch and Health Scrutiny

Health Scrutiny and HealthWatch serve complimentary roles in ensuring that health and social care is accountable to, and meets the needs of, local residents. Part of the scrutiny function will include whether local authorities are appropriately commissioning local Healthwatch. Both Scrutiny and HealthWatch have a responsibility to monitor the quality and performance of service provision. Local HealthWatch will be able to alert HealthWatch England to concerns about specific care providers. CQC and NHSCB will work with local scrutiny to hold providers to account. HealthWatch will refer social care matters to scrutiny when deemed appropriate.

Information Sharing Arrangement

Principles of information sharing:

- Information will be communicated in a timely way ensuring adherence to good practice and agreements or constitutional or legislative timescales on consultation.
- Information will be communicated in plain language, in an appropriate format and exclude the use of jargon, acronyms, concepts, and so on that are not generally understood by partners and/or our local population.

All parties to this protocol will seek to communicate information with each other in a way that enables each organisation to carry out its functions effectively. Partners to this protocol will reserve the right to define what constitutes relevant information in the context of forward and

strategic planning within their own organisation however the basis of this protocol is a presumption that information is to be shared.

In particular parties to this protocol will endeavour to share:

- Information relating to circumstances where changes to services are to be made. This may be within the definitions of substantial variations of service (see Appendix 2).
- Proposals for plans, policies and strategies.
- Information on progress against improvements identified in strategic plans
- Development of commissioning intentions
- Information of proposed public or user/carer engagement and consultation plans (in accordance with requirements of the Duty to Involve)
- Where appropriate when there have been significant health, well-being and social care issues arising from engagement activity.
- Draft reports where appropriate in order to ensure accuracy.
- Information regarding the quality of services provided

Engaging with service users

All parties to this protocol recognise that they have both joint and separate approaches to engaging with service users and members of the public. Wherever possible all parties will ensure that such health, well-being and social care engagement activity is jointly planned and co-ordinated within the partnership and individual frameworks of the parties, to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.

Implementation and Review

The protocol may be amended at any time by agreement between partners. The protocol will be reviewed and evaluated, and where appropriate, the protocol will be updated to take account of any changes to legal responsibilities.

Reviews will be undertaken by the scrutiny group responsible for the design of the protocol, who will report respectively into the Scrutiny Committee. A tool for checking progress is attached as Appendix 3.

The first review of the Protocol will take place in ??

Role and Function of Individual Bodies

Overview and Scrutiny

Overview and Scrutiny has the powers to:

- Hold decision makers to account
- Challenge and improve performance
- Support the achievement of value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

Councillors on scrutiny committees have a unique democratic mandate to act across the whole health economy. Scrutiny has a clear role at every stage of the commissioning cycle, from needs assessment through commissioning to service delivery and evaluation of health outcomes.

Scrutiny members are responsible for holding decision makers (HWBB, Commissioners CCGs/Council and providers) to account ensuring that:

- the planning and delivery of healthcare reflects the views and aspirations of local communities (by scrutiny of JSNA, JHWB Strategy, Commissioning Plans & Delivery strategies)
- all sections of a local community have equal access to health services; (by scrutiny of organisations, service delivery, performance against outcomes)
- all sections of a local community have an equal chance of a successful outcome from health services (by bringing together views across the system, examining priorities and funding decisions across an area to help tackle inequalities and identify opportunities for integrating services)
- proposals for substantial service change are in the best interests of local health services (NHS bodies have a statutory responsibility to consult health scrutiny on proposals for substantial developments or variations to the local health service).

The Sunderland Scrutiny Committee is governed by terms of reference set out in Sunderland City Council's Constitution – Part 2, Article 6.

Health & Well-Being Board

The Health and Social Care Act 2012 required local authorities to set up health and wellbeing boards as committees of the council by April 2013. They are therefore to be treated as if they were committees appointed by the council under section 102 of the Local Government Act 1972.

The intention, however, is that HWB will be different from the normal council committee as they are meant to be forums for collaborative local leadership. Health and wellbeing boards have strategic influence over commissioning decisions across health, public health and social care.

Health and wellbeing boards are forums where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing boards are made up of clinical commissioning groups, local authorities, patient representatives, public health, and children's and adult social care leaders to shape local health and care services, decide how they will be commissioned and support joined-up working across health and care services.

The HWB will develop a shared understanding of the health and wellbeing needs of the community through the Joint Strategic Needs Assessment (JSNA) and develop a joint health strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.

Through undertaking the JSNA, the HWB will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

HWB's strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. HWB's will also provide a forum for challenge, discussion, and the involvement of local people.

The Sunderland Health and Well-Being Committee is governed by terms of reference and rules of procedure set out in Sunderland City Council's Constitution – Article 12

Sunderland HealthWatch

The Government aims for there to be “*no decision about me, without me*” for patients and their own care. The same goes for the design of health and social care services.

The Health and Social Care Act 2012 Act provides for the establishment of HealthWatch England as a statutory committee of the Care Quality Commission. HealthWatch England will be a new national body representing the views of users of health and social care services, other members of the public and Local HealthWatch organisations. Local HealthWatch will carry out the functions previously carried out by Local Involvement Networks, and take on additional functions. The aim of

local HealthWatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. They will help ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care. Their activities will also include providing information about local care services and choices to be made in respect of those services.

Local HealthWatch will provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.

Local HealthWatch can help and support Clinical Commissioning Groups to make sure that services really are designed to meet citizens' needs. Both Scrutiny and HealthWatch have a responsibility to monitor the quality and performance of service provision. Local HealthWatch will be able to alert HealthWatch England to concerns about specific care providers. CQC and NHSCB will work with local scrutiny to hold providers to account.

Sunderland Clinical Commissioning Group

The Health and Social Care Act 2012 Act makes CCGs directly responsible for commissioning services they consider appropriate to meet local needs.

CCGs and the NHSCB will be subject to a number of duties that did not previously apply to PCTs or SHAs, which put patient interests at the heart of everything they do. These include new duties in relation to promoting the NHS Constitution; securing continuous improvements in the quality of services commissioned; reducing inequalities; enabling choice and promoting patient involvement; securing integration; and promoting innovation and research. CCGs will have to work with local partners to be effective. Both CCGs and the NHSCB will be required to obtain advice from people with a broad range of professional expertise.

The 2012 Act contains a number of duties, aimed at aligning CCG commissioning plans with the Joint Health and Wellbeing Strategy: CCGs must involve the health and wellbeing board when preparing their commissioning plan or making revisions to their commissioning plans that they consider significant. In particular, they must give the HWB a draft of the plan and consult as to whether it considers the draft plan has taken proper account of the local JHWS.

In its annual report, the CCG has a statutory obligation to review the extent of its contribution to the delivery of any local JHWS to which it was required to have regard – in preparing this review the CCG must consult the relevant health and wellbeing board.

Success of a CCG will rely considerably on the support of the constituent practices and local profession, as well as the trust of patients and the public. Patients need to feel confident that commissioning decisions are based on sound clinical evidence and are free from vested interest. Likewise, the local profession will need to satisfy themselves that they are content with the process followed and decisions taken by their CCG on their behalf. Local accountability is therefore important.

NHS Commissioning Board

The NHS Commissioning Board (NHSCB) will be responsible for ensuring an overall effective and comprehensive system of CCGs.

The NHSCB will support CCG's by providing guidance and tools to enable them to commission effectively. It will also pick up those services it would not be possible or appropriate for CCGs to commission – such as primary care services, although CCGs will play a key role in driving up the quality of primary medical care locally.

In undertaking its annual performance assessment of a CCG, the NHSCB must include an assessment of how well the CCG has met the duty to have regard to the relevant JSNA and JHWS. In conducting the performance assessment, the NHSCB must consult the health and wellbeing board as to its views on the CCGs contribution to the delivery of any JHWS to which it was required to have regard.

CCGs will be held to account for their decisions by the NHSCB against a Commissioning Outcomes Framework, which will ensure transparency and accountability for achieving quality and value for money.

Substantial variation, consultation and Overview and Scrutiny Committees

NHS bodies are required to make arrangements to involve and consult patients in planning services, developing and considering proposals. In addition, NHS bodies are required to consult the relevant Overview and Scrutiny Committee (OSC) on any proposals for substantial variations or developments of health services. Where OSCs consider proposals to be substantial variation a 'formal consultation' will take place (12 weeks). There is no standard definition of "substantial", however the key feature relates to whether there is a major change to the patient experience of services. NHS organisations are encouraged to discuss proposals with OSCs at an early stage and establish whether a proposal is considered a substantial variation. Joint Overview and Scrutiny Committees (JOSCs) are established where proposals affect more than one OSC.

The Secretary of State has outlined four tests for service change in the Operating Framework 2010-11. All proposals for reconfiguration of services must demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

All schemes need to meet these four criteria with the application of a "test of reasonableness".

- Reconfiguration should only happen on the basis of need and a sound clinical case for change
- The quality and safety of patient care should be central to any proposed change
- All proposals must clearly demonstrate how they contribute to the QIPP challenge for the NHS
- Service changes should be in line with the strategic service framework
- Commissioners should normally lead the preparation and consultation on service change proposals
- A senior clinical lead should be identified at the outset, and should have support to help them ensure that clinicians are involved in the development of proposals for change
- Boards are accountable for the formulation and delivery of proposals. They should actively champion proposals at every phase; development, consultation and delivery
- The lead organisation, usually the CCG, has overall accountability and responsibility for the service change and should take its own advice on legal matters relating to the specific service change scheme

Before embarking on the process, it is important to have a clear evidence-based communications and stakeholder engagement strategy (including with staff), which is managed and effectively delivered including putting the results of a consultation into the public domain following its conclusion. There must be effective communication processes in place to respond to and, where necessary correct, any misleading information which enters the public domain, to promote an effective understanding of the proposals for change

Early discussion with Overview and Scrutiny Committees regarding service change is recommended. The local authority retains the power of referral to the Secretary of State to ensure the effective provision of comprehensive health services.

A tool for checking progress

Understanding of roles and responsibilities influences good working relationships and performance	
Indicators – working well	Indicators – not working well
A clear understanding of roles, powers and responsibilities	Lack of distinction of roles and poor understanding of where boundaries lie
Governance documents are easy to understand and are reviewed regularly	Governance documents are out of date and do not support good understanding of roles and responsibilities
An atmosphere of trust, commitment, and open challenge has been developed.	Lack of understanding, engagement, or preparedness has created barriers
Partnership decisions are open to effective scrutiny	Underdeveloped arrangements for scrutiny of partnerships decisions
Shared responsibility and the principal of 'equality round the table'	Lack of respect for each others roles
Common goals to deliver outcomes	Focus diverted away from achieving outcomes
Behaviour and conduct influence good working relationships and performance	
Indicators – working well	Indicators – not working well
Culture of trust and respect	Mistrust and lack of respect
Commitment to agreed priorities	Relationships too close and decisions made without proper challenge or debate
Prepared to listen to reservations and seek to resolve them	Failure to review and revise ways of working based on sticking points.
Acting consistently within agreed strategic direction	No clear definition of what success will look like and outcomes to be delivered
Partners have the capacity to be fully engaged	Failure to use all skills, knowledge, access to resources of partner groups
Recognition of the value each group brings (through referral, consultation, debate)	Lack of understanding and respect for other partners' points of view, cultures and structures.
Honesty between all partners, based on sharing, rather than withholding information	
The provision of guidance, information and support influences good working relationships and performance	

Indicators – working well	Indicators – not working well
Recognition of the benefit of developing knowledge and skills and individuals feel well supported by training and guidance	Poor briefing material, information to support decision taking and accountability
Consistent, clear communication, consciously avoiding language which may be specific to individual professions or organisations	Use of organisational and professional jargon
Seeking out examples of good practice, and sharing research.	Insular approach with poor networking
Partners are happy about the accuracy, regularity and timeliness of the information	Weak alignment between partnership and corporate plans, targets and delivery
Expertise is used to collect the views of service users actively, systematically, and imaginatively	Lack of robust user engagement and poor use of service user feedback
information about the way service users and carers feel is collected through everyday service delivery and reported back automatically	limited opportunities or willingness to challenge the performance of partners or give feedback on performance
Arrangements are in place for communications between meetings	Lack of monitoring or evaluation of the effectiveness and impact of partnership
Partnership is supported by an agreed work programme and / or action plan showing who will do what, by when	Poor performance management and lack of ways of dealing with non-performance
Activities effectively support delivery of the desired outcomes	limited use of impact or outcome measures, progress monitoring and reporting tends to focus on input and activity targets rather than outcomes;