

West Sussex Health and Wellbeing Board and Health and Adult Social Care Select Committee: Liaison Arrangements – agreement by business planning groups of both HWB and HASC noted at HWB BPG on 08 August 2013.

Recommendation: The Business Planning Groups of the Health and Wellbeing Board and Health and Adult Social Care Select Committee are asked to consider and agree the proposed liaison arrangements set out in this paper

Background: Health and social care reforms have created new processes and structures and it is important to develop local arrangements to ensure that different elements of the new structure work together in a complementary, transparent way, avoiding duplication and where appropriate, sharing information. This document sets out proposals for how the West Sussex the Health and Wellbeing Board (HWB) and Health and Adult Social Care Select Committee (HASC) will aim to work together to improve the health and social care outcomes and experience of West Sussex residents and the quality of services they access.

Objectives of liaison arrangements – to:

- Better outcomes for residents/partners
- Avoid duplication
- Ensure a collaborative approach/complementary working
- Provide clarity on roles and responsibilities
- Develop new ways of working building on local and national best practice and learning
- Smooth, transparent processes
- Ensure clear accountability
- Enable early discussions and good communications

Key roles/responsibilities and ways of working

HWB

- The HWB provides shared leadership of a strategic approach to the health and wellbeing of the community. It brings together key leaders from the health and social care system to work together to understand their local community's needs, agree priorities, set the commissioning framework for health and social care services and encourage commissioners to work in a joined-up way. It has a number of specific functions including: to prepare the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy; a duty to encourage integrated working between health and social care commissioners; a power to encourage close working between commissioners and the Board itself.
- HWB Membership is drawn from County Councillors, County Council officers, NHS England (Surrey & Sussex Area Team), Clinical Commissioning Groups, district/borough councils and Local Healthwatch. It meets approximately 5 times a year, and its meeting agendas/papers are publicly available. It has a Business Planning Group (BPG) which meets between the meetings of the Board to maintain a rolling work plan and consider items referred to it by the Board.
- The HWB has set up a Health Co-operative as a forum to support its work and participate in its activities. This is under development, and involves a wide range of interested parties (e.g. service providers/community-based organisations).
- The HWB will be subject to overview and scrutiny by the HASC (or other relevant select committee, depending on the issue). For some specific issues there may be opportunities for joint scrutiny with district and borough councils (through the

agreed/formal joint scrutiny arrangements).

HASC

- HASC discharges the health scrutiny function on behalf of the County Council. It reviews and scrutinises the planning, provision and operation of health services and adult social care in West Sussex, with a focus on improvement. It voices the views of local residents and holds commissioners and providers of health and social care services to account. It provides an early warning system through which quality issues can be identified and addressed. It can preview relevant key WSCC decisions and any NHS proposals for substantial variation/change in service.
- HASC can require NHS bodies to provide relevant information and send officer representation to its meetings. The NHS must consult with HASC on proposals under consideration for any substantial change in the local health service, and the Committee has the power of referring any contested proposals to the Secretary of State for Health.
- HASC meets approximately 5 times a year and its agendas/papers are publicly available. It has 20 members (12 County Councillors, 7 district/borough councillors, 1 Local Healthwatch representative). It has a BPG which meets approximately 4 times a year to plan the HASC work programme and consider any items referred by Members, the NHS, Adults' Services, Local Healthwatch etc. HASC has liaison arrangements in place with NHS trusts and other key organisations, with regular informal meetings which are reported back to the BPG.
- It is anticipated that HASC will review/scrutinise the HWB decisions/actions.

Proposed HWB and HASC liaison arrangements

Informal liaison meetings	<ul style="list-style-type: none"> • HWB and HASC chairman and key support officers/service leads to hold regular informal catch-ups (approx. 4 times p.a.) to share information/work programmes and identify areas of common interest – and report back to their respective BPGs as appropriate
Business Planning Groups	<ul style="list-style-type: none"> • Both BPGs to have regular updates on the work of the HASC and HWB • HASC BPG to consider how/when to scrutinise the work of the HWB (with a focus on commissioning priorities, health and social care outcomes and the effectiveness of arrangements). It may wish to consider programming a review of the HWB's first formal year of operation (e.g. in early 2014) • Both the HWB and HASC BPG reports are publicly available, so can be shared as appropriate. Relevant service leads who attend both BPGs (e.g. Mike Sadler, Judith Wright) where possible to highlight any relevant areas of overlap/common interest/opportunities for collaborative working
Referrals	<ul style="list-style-type: none"> • HWB to refer (via its BPG) any relevant issues to HASC for further scrutiny (e.g. it may wish to ask HASC to: investigate performance/quality issues; input into the implementation of commissioning plans)
Formal meetings	<ul style="list-style-type: none"> • HASC Chairman is invited to attend HWB meetings as an observer • HWB members/Chairman may be invited to attend HASC meetings to give evidence specifically relating to work of the HWB
Key decisions and proposals	<ul style="list-style-type: none"> • HASC will review the WSCC Forward Plan of Key

(including service reconfigurations)	<p>Decisions at each meeting – so any relevant Cabinet Member decisions arising from the work of the HWB will be considered</p> <ul style="list-style-type: none"> • HWB may have a role in helping to resolve any local disagreements around proposed NHS service reconfigurations • HASC to inform the HWB of any proposed substantial change/variation in service that it will be scrutinising, and particularly when it is considering a referral to the Secretary of State (N.B. HASC is also required to inform Full Council)
Visits, seminars, training, joint events	<ul style="list-style-type: none"> • Where appropriate, opportunities to carry out joint visits, seminars, training etc. to be explored (and any feedback from these to be shared) • Consideration to be given to holding a whole system event (i.e. with HWB, Local Healthwatch, HASC and other partners) to evaluate how health and social care outcomes have improved (possibly Spring 2014?)
Communications / other information	<ul style="list-style-type: none"> • HWB and HASC to share information as relevant, to include newsletters (e.g. both HASC and the Health and Wellbeing Co-operative produce newsletters) • HWB and HASC members to be included on circulation lists, as appropriate

Other factors to consider/explore further

- Liaison arrangements between Children & Young People's Services Select Committee (CYPSSC) and the HWB need to be considered (after CYPSSC BPG has been appointed, June 2013)
- Role of/liaison with Local Healthwatch (which has a seat on both the HWB and HASC). Local Healthwatch is the new consumer champion for health and social care. It will represent the information from people who use services, carers and the public on the HWB and can refer issues of concern to HASC.
- Role of/liaison with district/borough councils (which have 2 seats on HWB and 7 on HASC).
- Role of Care Commissioning Planning Group (support arrangements and how its work will be reported)
- Ensuring both HWB and HASC maintain independence and keep control of their own agendas
- Decision-making processes of Clinical Commissioning Groups (CCGs)
- DH is producing new HASC Guidance, due to be published soon: this may provide further information on liaison with/involvement of HWB in health scrutiny

Useful background information

- [Local Authorities – Health and Wellbeing Boards and Health Scrutiny Regulations](#) (Department of Health, February 2013)
- [Health and wellbeing boards - A practical guide to governance and constitutional issues](#) (LGA and ADSO, March 2013)
- [Local Healthwatch, health and wellbeing boards and health scrutiny: roles, relationships and adding value](#) (Centre for Public Scrutiny & LGA, October 2012)
- [Spanning the system, broader horizons for council scrutiny](#) (Centre for Public Scrutiny, March 2013)