

Q3 What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?

Guidance for Local Authorities in procuring Local Involvement in Health Networks (LINKs) was too prescriptive. A framework giving clear expectations of the role of local Healthwatch from the DoH would be sufficient, with Local Authorities free to procure in line with relevant procurement legislation and with locally agreed priorities driving the process.

Clarity will be needed to avoid a conflict between the commissioning role of Local Authorities and local HealthWatch being part of the CQC, which has a regulatory role of Local Authorities.

Q6 Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?

Subject to the handling of the scrutiny role with respect to Health and Wellbeing Boards, Local Authorities should retain the powers to require health agencies to be accountable to scrutiny, take account of recommendations and make references to the Secretary of State where agreement cannot be reached. This brief will expand with the receipt of public health responsibilities, and this should be reflected in resources made available to Local Authorities.

Q10 If a health and wellbeing board was created. How do you see the proposals fitting with the current duty to cooperate through children's trusts?

Children's Trusts deliver different functions to those proposed for the Health and Wellbeing Board. Steps should be taken to ensure that the Duty to Cooperate is applied consistently between duties with respect to Children's health issues and those of the wider population – for example older people and those with disabilities.

Q12 Do you agree with our proposals for membership requirements set out in paragraph 38-41?

If the Board is to perform a leadership or executive role, the key decision-makers of all stake-holding bodies should be represented, including elected members of the local authority, as well as key voices from the recipients of services. The proposed membership requirements have a key flaw, however if the role of the Board includes a scrutiny role of holding decision-makers to account, as they are members of it. A separate, powerful scrutiny function is still necessary to hold the Board to account if decision makers form part of its membership.

Q14 Do you agree that the scrutiny and referral function of the current Health OSC should be subsumed within the health and well being boards (if boards are created)?

The proposed Board's membership includes a strong executive element. If it inherited scrutiny functions it would, in effect be asked to hold itself to account.

There is not a strong tradition of this being a good governance model, so scrutiny functions should remain independent from those of the Health and Wellbeing Board.

Q16 What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

Scrutiny and referral functions should not be vested in the Health and Wellbeing Board, as it consists, as proposed, of decision makers and executives of the health agencies. The Local Authority and its elected members should be allowed the flexibility to deliver these powers through locally agreed governance arrangements.