Appendix 1

Overview and Scrutiny and Local Involvement Networks – Working together in Brent

The role of overview and scrutiny and local involvement networks

Overview and scrutiny and local involvement networks have different but complimentary roles providing accountability to the way that health and social care services are delivered.

OSCs and the LINKs – differences in functions and rights ¹	
OSC: Community leadership	LINks: Views from local people
 Elected members Focused on strategic issues and the impact of NHS and social care services Right to require information and attendance No visiting powers Represent constituents and ensure that NHS proposals are in the best interest of patients Define substantial variations of service Ensure that the views of public and patients have been considered Refer matters to Secretary of State in specific circumstances Make recommendations and require a response from NHS Trusts and Council Executive 	 Representatives of different groups Able to work across a patient's experiences and look at individual issues Request information Powers to visit and inspect premises providing services Monitor and review NHS and social care services from patient or public perspectives Provide patient and public views Advise on how to involve patients and the public Encourage greater patient and public involvement Refer issues to OSCs Make recommendations and expect a response from NHS Trusts and Council Executive

Working together

The LINK has a role to play in the monitoring and review of health and social care services. However, this role is split among overview and scrutiny committees in Brent. The Health Select Committee considers health related issues. The Overview and Scrutiny Committee considers social care matters. The Children and Families Overview and Scrutiny Committee looks at all issues affecting people under 18, which could include health and social care provision (although the LINk does not have the authority to look at children's social care issues). Therefore, it is possible that the LINk could end up working with any of these committees.

1. Referrals

a). Referral Arrangements – LINks have the power to make formal referrals to overview and scrutiny. To keep arrangements between the LINk and overview and scrutiny simple, the Health Select Committee will take the lead on working with the LINk. In the first instance, all referrals from the LINk will be considered by the chair of

¹ Source – Nottinghamshire County Council leaflet – "How Scrutiny Works – LINks".

the Health Select Committee and he (in consultation with officers from the Local Democracy Team) will decide which committee is best placed to consider the referral.

Referrals should be made in writing or by email to the chair of the Health Select Committee with a copy to the Policy and Performance Officer. Once it is decided which committee should consider the referral, the relevant committee chair will write to the LINk within 20 working days acknowledging receipt of the referral and informing them that it will be considered at the next meeting of the committee. Once the referral has been considered, the chair will write to the LINk to let them know what action will be taken.

b). Informal Referral Arrangements – From time to time the LINk and overview and scrutiny may want to refer information that could be relevant to each others' work, but do this on an informal basis. Examples might include a final report from a review or task group, or a piece of information to contribute to a review. These do not have to be considered in the same way formal referrals are and will be managed by Hestia and the Local Democracy Team at Brent Council.

2. Work Programmes and Annual Reports

- **a).Work Programmes** The Brent overview and scrutiny committees will share their work programmes with the Brent LINk and vice versa to ensure that both are aware of the others activities and to try and avoid duplication.
- **b). Annual Report** The LINk is required to submit its annual report to overview and scrutiny by 30th June of each year. The LINk will also be sent a copy of the overview and scrutiny annual report, which is normally produced in July each year.

3. Task Groups and Committees

- a). Scrutiny Task Groups Each overview and scrutiny committee sets up task groups to look at issues in more detail than is possible at a committee meeting. These task groups could be of interest to LINk members, who may want to provide evidence or information to support the work. Depending on the topic selected, the task group could approach the LINk to see if any members wish to be co-opted on to the task group. The decision to this will be considered on a case-by-case basis and will not be something that all task groups choose to do.
- **b). Joint Task Groups** It may be possible that if the LINk and overview and scrutiny have a shared interest in an issue that they may be able to establish a joint task group to look at an issue. This would have to be agreed by the overview and scrutiny committee concerned and the LINk management committee, but it is something that could happen in the future if a suitable subject could be found.
- c). Co-option on to the Health Select Committee The Health Select Committee previously co-opted a member of the NHS Brent Patient and Public Involvement Forum on to the committee. Once the LINk is up and running, it will be approached about the possibility of co-option.