



Memorandum of Understanding (MoU)

Shared Management of the Healthwatch Seat on the LLNR Joint Integrated Care Board (ICB)

Healthwatch Rutland
Healthwatch Leicester
Healthwatch Leicestershire
Healthwatch West Northamptonshire
Healthwatch North Northamptonshire

1. Purpose of this Memorandum of Understanding

This Memorandum of Understanding (MoU) sets out how the five local Healthwatch organisations across Leicester, Leicestershire, Northamptonshire and Rutland work together to coordinate, support and represent the public and patient voice through a single shared non-voting seat on the Joint Integrated Care Board (ICB).

The purpose of this MoU is to ensure:

- Consistent, high-quality representation at system level
- Fair and transparent collaboration between the five Healthwatch
- Effective flow of insight and intelligence from all areas
- Clear accountability and communication
- A unified and credible public voice within the ICB

This MoU is not legally binding but reflects a shared commitment to partnership working.

2. Principles of Collaboration

The parties agree to work in line with the following principles:

- Equity
- Transparency
- Respect
- Collective Impact
- Consistency
- Accountability

Connected Together CIC- LLNR cluster Healthwatch agreement
Policy Identification Number- 088/QD103

3. Representation on the ICB

3.1 Appointment of the Representative

- The five Healthwatch will jointly nominate one representative to sit on the Joint ICB Cluster Board.
- A deputy representative will also be nominated to ensure continuity. The deputy will be selected from the opposite geographical area (LLR or Northamptonshire) to the representative.
- The representative and deputy will be selected through a transparent process agreed by all parties.
- This MoU also applies to the nomination and appointment of Healthwatch representatives to subgroups established by the ICB (such as Strategic Commissioning, Quality and Safety), where collective representation from the five Healthwatch is required.
- The term will be one year from February 2026.

3.2 Role of the Representative

The representative will:

- Attend ICB board and subcommittee meetings and development sessions
- Present insight and intelligence from all five Healthwatch areas
- Reflect the priorities and concerns of patients and service users
- Uphold the statutory independence and integrity of Healthwatch
- Provide timely feedback to all partners
- Escalate issues and concerns with other Healthwatch in the cluster where appropriate.

3.3 Role of the Deputy

The deputy will:

- Provide continuity by attending ICB meetings when the representative is unavailable to ensure seamless representation of patient voice.
- Receive all papers, briefings, and insight shared with the representative to ensure they remain fully informed.
- Support the representative by offering additional perspective, insight, or capacity where required.

3.4 Role Description and Essential Criteria for the Representative

The representative must demonstrate the skills, experience and behaviours required to credibly and effectively present the collective public and patient voice at system level. Selection will be guided by the following criteria:

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Essential Criteria

- Proven ability to work collaboratively to bring patient experience and public voice into system-level discussions
- Commitment to transparency and accountability to the wider Healthwatch cluster
- Capacity and availability to:
 - Review ICB papers promptly
 - Engage in cross-Healthwatch consultation
 - Prepare thoroughly for meetings
 - Produce comprehensive written updates and reports to be sent to all members of the LLNR HW team
- Willingness to represent the patient voice across the whole system, not solely their own area: the representative must not prioritise the interests of their own local Healthwatch area when contributing to ICB discussions. Where local issues differ, the representative must present them transparently and without favour.
- Experience of constructive engagement with system partners, including boards and partnerships, with the ability to challenge constructively while maintaining relationships
- Evidence of strong previous engagement across diverse geographies and minoritised communities.
- Demonstrated independence from commissioners' agendas.
- Good understanding of NHS governance and the statutory responsibilities of Healthwatch and system partners.
- Established credibility and trusted relationships with system leaders and stakeholders.

3.5 Selection Process

To ensure fairness, transparency, and confidence in the appointment, the representative and deputy will be selected through a shared and agreed process involving all Healthwatch organisations.

3.5.1 Expression of Interest

Each Healthwatch organisation may nominate one candidate for the representative role.

Nominations should be submitted by email and must include a concise statement demonstrating how the candidate meets each of the selection criteria outlined in

Section 3.4, along with a declaration of any current interests in committees or partnerships linked to the LLNR health and care system.

3.5.2 Assessment

- All nominated candidates will be assessed collectively by the five Healthwatch.
- Assessment will be based on:
 - Evidence against the selection criteria
 - Experience and credibility at Integrated Care System level
 - Ability to represent the collective patient voice
 - Capacity to meet the time and preparation requirements of the role

3.5.3 Deciding Representation

- The representative will be appointed by consensus across the five Healthwatch, with each Healthwatch contract having one vote.
- If consensus cannot be reached the decision will be made by a majority of the five Healthwatch contracts
- Once the representative is agreed, the deputy will be selected from the opposite geographical area (LLR or Northamptonshire) using the same process.

4. Insight and Intelligence Sharing

The parties will:

- Share relevant insight, reports, and emerging issues ahead of each ICB meeting
- Agree key messages or themes for representation to the ICB Board
- Maintain a shared plan of system issues and engagement activity
- Ensure insight is evidence-based and reflective of community voice

5. Communication and Feedback

5.1 Pre-Meetings

- Pre-meetings to be held before each ICB meeting once agenda/papers are published.
- Key messages will be agreed collectively.

5.2 Post-Meeting Feedback

The representative will:

- Provide a written summary of key decisions, discussions, and implications.
- Highlight input/actions required from individual Healthwatch organisations.
- Share relevant papers or updates.

7. Term, Review, and Amendments

- This MoU will take effect from the date of signature and remain in place for 12 months.
- A formal review will take place in February 2027 or sooner if required.
- Amendments may be made with agreement of all parties.
- Termination requires discussion and prior notice.

8. Preventing Conflicts of Interest

- All parties will uphold the statutory independence of Healthwatch and avoid any perception of undue influence from commissioners, providers, or partner organisations.
- Expression of interest to the representative and deputy roles will require a declaration of interests of boards, committees, advisory groups, employments etc that could influence decision making. It is not permitted for the representative or deputy to hold any other substantive role in the ICB or on its Board (for example partner or non-executive role).
- Healthwatch representatives on other ICB committees will be different individuals from the Healthwatch representative on the Joint ICB Cluster Board to support effective governance.

8. Confidentiality and Information Governance

- All parties will comply with data protection legislation.
- Sensitive insight will be treated appropriately.

9. Resources and Support

- Each Healthwatch will contribute officer time.
- Costs associated with attendance or preparation will be met by the seat holder's Healthwatch organisation unless otherwise agreed.
- The representative will be actively supported by all partners, who will contribute patient insight, thematic intelligence, and local perspectives to enable well-informed and balanced representation at the ICB.

(continues...)

10. Signatories

Healthwatch Rutland

Name: Janet Underwood

Role: HWR Chair

Signature: 

Date: 2/2/26

Healthwatch Leicester and Healthwatch Leicestershire

Name: Harsha Kotecha

Role: HW Leicester Chair

Signature: 

Date: 2/2/26

Healthwatch West Northamptonshire

Name: Gabriella Van Beek

Role: HW West Northamptonshire Manager

Signature: 

Date: 2/2/26

Healthwatch North Northamptonshire

Name: Pratima Dattani

Role: CEO, Support Northamptonshire

Signature: 

Date: 2/2/26